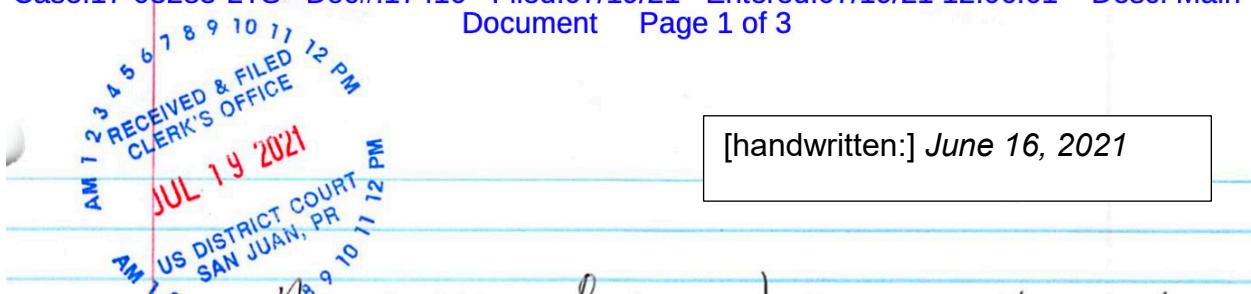


EXHIBIT 22

Case:17-03283-LTS Doc#:17410 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc: Main
Document Page 1 of 3



I am attaching documents claiming money owed and which were requested from us in Amended Form 410.

I very urgently request that the money owed and promised to us during years of service and retirement be given to us.

I appreciate your prompt attention and confirmation of this request and acceptance of our claims pursuant to Amended Form 410.

Cordially,

Carmen Milagros Ruiz Diaz

Juana Diaz

Case:17-03283-LTS Doc#:17410 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc: Main
Document Page 2 of 3

[handwritten:]

United States District of Puerto Rico

Proof of Claim

Amended Form 410

Carmen Milagros Ruiz Diaz

PROMESA

Appellant (Claims)

Title III

v

No. 17 BK 3283-LTS

Commonwealth of Puerto Rico

Commonwealth of Puerto Rico

Appellee 503(b)(9)

Debtor

Filing in compliance

Amended Claim

Form 410

Based on Exhibit A from the claims requested in Form 410 on June 27, 2018, I am attaching current evidence that was requested of us in the Amended Form 410 received in June 2021.

We continue with the objection and claims from the proofs that we submitted with regard to the wage increases and job reclassifications, which still have not been honored.

We sustain the objection under the aforementioned PROMESA Title III Bankruptcy Law. These debts have not been paid to us either as employees [...]

Case:17-03283-LTS Doc#:17410 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc: Main
Document Page 3 of 3

[...] or as *retirees*.

The documents sent from the Clerk's Office of the United States District Court are evidence that the debts have not been honored to employees who have worked for many years and retirees, and even having been claimed previously on August 3, 2003 and on other dates, and still today, June 16, 2021, we have not been compensated. To the contrary, the bonus that we had was eliminated from 1,000 to 200.00, and our summer bonus was eliminated.

We sustain our continued claim for these debts which were promised to us and have not been paid to us to date.

I kindly ask that if reclassification is going to be made in Amended Form 410, it be named as a debt of the government of P.R.

I am on page 31 of 37(503)(b)(a)

Exhibit A

Note: The next 9 pages contain a bilingual document with handwriting in English.

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Exhibit Page 1 of 101

Also submit your claim electronically by visiting <http://cases.primeclerk.com/puerto> EPOC-Index

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 972368

EPOC ID: 170356600084792

000 0007042 00000000 0002 0005 01409 INS:0

RECEIVED

2018 JUL 21 10:56 AM (EST)
CDS (6/21/18)

Debtor Employees Retirement System of the Government of the Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule E -- Pension Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Employees Retirement System of the Government of the Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule E -- Obligaciones de Pensión como un reclamo Contingente, Sin líquidez no asegurado por un monto Indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Date Stamped Copy Returned
 No Self-Addressed Stamped Envelope
 No Copy Provided

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

CARMEN M RUIZ DIAZ

Name of the current creditor (the person or entity to be paid for this claim)

Nombre del acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

Carmen M. Ruiz Diaz
RECEIVED

JUN 29 2018

PRIME CLERK LLC

Claim Number: 106293

Proof of Claim

page 1



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Exhibit Page 2 of 101

2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes From whom? Si. ¿De quién? _____
¿Esta reclamación se ha adquirido de otra persona?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor?	CARMEN M RUIZ DIAZ URB VILLA DEL SOL A5 CALLE 1 JUANA DIAZ PR 00795-2037
Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)	Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)
	<i>Carmen Ruiz Diaz</i> Name / Nombre _____ <i>Urb. Villa del Sol, Calle 1 P-5</i> Number / Número _____ Street / Calle _____ <i>Juana Diaz P. R. 00795</i> City / Ciudad _____ State / Estado _____ ZIP Code / Código postal _____ <i>(939) 383-1622</i> Contact phone / Teléfono de contacto _____ <i>CM201758@gmail.com</i> Contact email / Correo electrónico de contacto _____ <i>CM201758@gmail.com</i> Contact email / Correo electrónico de contacto _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) _____ Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)
¿Esta reclamación es una enmienda de otra presentada anteriormente?	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Si. ¿Quién hizo la reclamación anterior? _____
¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?	

Part 2 / Parte 2:

Give Information About the Claim as of the Petition Date

Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primeclerk.com/puertorico/) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primeclerk.com/puertorico/ .)
¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?	
7. Do you supply goods and / or services to the government?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number Número de proveedor / contrato: _____ List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____

Modified Official Form 410

Proof of Claim

page 2

U0504 v.01 02.15.2018

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Exhibit Page 3 of 101

8. How much is the claim?

\$319,188.00

Does this amount include interest or other charges?

¿Este importe incluye intereses u otros cargos?

No / No

Yes. Attach statement itemizing interest, fees, expenses, or other

charges required by Bankruptcy Rule 3001(c)(2)(A).

Si. Adjunte un balance con intereses detallados, honorarios,

gastos u otros cargos exigidos por la Norma de Quiebras

3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo. Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

*average in salary scales pending payment by the Agency
Salaries promes in the Agency of Police Department*

No / No

Yes. The claim is secured by a lien on property.

Si. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

Motor vehicle / Vehículos

Other. Describe:

Otro. Describir:

Basis for perfection / Fundamento de la realización de pasos adicionales:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.)

\$319,188.00 and others

Value of property / Valor del bien: *\$319,188.00 and others*

Amount of the claim that is secured / Importe de la reclamación que está garantizado: *\$319,188.00 and others*

Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: *\$0.00*

(The sum of the secured and unsecured amounts should match the amount in line 7.)

(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /

Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: *\$0.00*

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso): *0%*

Fixed / Fija

Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

Modified Official Form 410

No / No

Yes. Amount necessary to cure any default as of the Petition Date.

Si. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: *\$0.00*

Proof of Claim

page 3

U0505 v 01 02 15 2018



Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
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12. Is this claim subject to a right of setoff?

¿La reclamación está sujeta a un derecho de compensación?

No / No

Yes. Identify the property /
Si. Identifique el bien: _____

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

No / No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ _____

Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha.
FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

I am the creditor. / Soy el acreedor.
 I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el sindico, el deudor o su agente autorizado. Norma de quiebra 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta *Evidencia de reclamación* se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

He leido la información en esta *Evidencia de reclamación* y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el July 7, 2018 (MM/DD/YYYY) (DD/MM/AAAA)

Signature / Firma Andrea I. Boscor

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

First name / Primer nombre _____ Middle name / Segundo nombre _____ Last name / Apellido _____

Title / Cargos

Company / Compañía

Identify the corporate servicer as the company if the authorized agent is a servicer.
Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

Number / Número _____ Street / Calle _____

City / Ciudad _____

State / Estado _____

ZIP Code / Código postal _____

Contact phone / Teléfono de contacto _____

Email / Correo electrónico _____

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
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Epiq Bankruptcy Solutions, LLC
PO Box 4470
Beaverton, OR 97076

Legal Documents Enclosed –
Please direct to the attention
of the Addressee,
Legal Department or President.

Address Service Requested



PR2 POC 2-26-2018 (MERGE2,TXNUM2)
000 0007041 00000000 0001 0005 01409 INS: 0 0
4000027778BAR(23) MAIL ID *** 000125618912 ***

150

Debtor Employees Retirement System of the Government of the Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule E -- Pension Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Employees Retirement System of the Government of the Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule E -- Obligaciones de Pensión como un reclamo Contingente, Sin liquidez no asegurado por un monto Indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

PLEASE SEND COMPLETED PROOF(S) OF CLAIM SO AS TO BE ACTUALLY RECEIVED ON OR BEFORE THE APPLICABLE BAR DATE:

General Bar Date: May 29, 2018 at 4:00 p.m., Atlantic Standard Time

Please send completed Proof(s) to Claim to:

If by first class mail:

**Commonwealth of Puerto Rico
Claims Processing Center**

Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4708
New York, NY 10163-4708

If by overnight courier or hand delivery/Para enviar por mensajería o entrega al siguiente dia:

Refer to "Section 6 -- Where and How to File" in the enclosed notice for additional locations in the Commonwealth accepting hand delivery of completed proof of claim forms.

Consulte la "Sección 6: Para ver dónde y cómo presentar su formulario" del aviso adjunto. Habrán varias ubicaciones en el Commonwealth donde se aceptara la entrega de estos formularios de prueba de reclamo completados.

If you have questions about this notice, please call (844) 822-9231 (US toll free), (646) 486-7944, (international), email PuertoRicoInfo@primeclerk.com, or visit <https://cases.primeclerk.com/puertorico>

Si tiene preguntas acerca de este aviso, llame al (844) 822-9231 (local), (646) 486-7944 (internacional), envíe un correo electrónico a PuertoRicoInfo@PrimeClerk.com, o visite <https://cases.primeclerk.com/puertorico>

You may also submit your claim electronically by visiting <https://cases.primeclerk.com/puertorico/EPOC-Index>

También puede enviar su reclamo electrónicamente visitando <http://cases.primeclerk.com/puertorico/EPOC-Index>

EROC ID: 170356600084792

EFUJ ID: 17



Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
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so submit your claim electronically by visiting <http://cases.primeclerk.com/puerto-rico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiente de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 972368

EPOC ID: 170356600084792

RECEIVED
U.S. DISTRICT COURT
JUN 29 2018

CDS *6/21/18*

Debtor Employees Retirement System of the Government of the Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule E -- Pension Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Employees Retirement System of the Government of the Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule E -- Obligaciones de Pensión como un reclamo Contingente, Sin liquidez no asegurado por un monto Indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagares, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Date Stamped Copy Returned
 No Self-Crossed Stamp or Envelope
 Copy Crossed

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

CARMEN M RUIZ DIAZ

¿Quién es el acreedor actual?

Name of the current creditor (the person or entity to be paid for this claim)
Nombre al acreedor actual (la persona o la entidad a la que se lo pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

RECEIVED

JUN 29 2018

PRIME CLERK LLC

Claim Number: 106293

Proof of Claim

page 1



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Exhibit Page 7 of 101

000 007043 00000000 0003 0005 01409 INS: 0 0

8. How much is the claim?

¿Cuál es el importe de la reclamación?

\$ 319,188.00

Does this amount include interest or other charges?
¿Este importe incluye intereses u otros cargos?

No / No

Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Debt & Report

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or creditcard. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo. Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalte la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

*For wage in salary scales pending payment by the Agency
Salaries promised in the Agency of Public Employment*

No / No

Yes. The claim is secured by a lien on property.

Si. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:
 Motor vehicle / Vehículos

Other. Describe:
Otro. Describir:

Basis for perfection / Fundamento de la realización de pasos adicionales:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención).

Value of property / Valor del bien:

\$ 319,188.00 and others

Amount of the claim that is secured /

Importe de la reclamación que está garantizado: \$

*El importe que es evidencia
que se ha presentado*

Amount of the claim that is unsecured /

Importe de la reclamación que no está garantizado: \$

(The sum of the secured and unsecured amounts should match the amount in line 7.)

(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /

Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso) %

Fixed / Fija
 Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

Modified Official Form 410

No / No

Yes. Amount necessary to cure any default as of the Petition Date.

Si. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$

Proof of Claim

page 3

UD505 v01 02 15 2016



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8. How much is the claim?

¿Cuál es el importe de la reclamación?

\$ 319,188.00

Does this amount include interest or other charges?

¿Este importe incluye intereses u otros cargos?

No / No

Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or creditcard. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo. Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalte la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

*Increase in salary scales pending payment by the Agency
Salaries prames in the Agency of Police Department*

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

No / No

Yes. The claim is secured by a lien on property.

Sí. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

Motor vehicle / Vehículos

Other. Describe:

Otro. Describir:

Basis for perfection / Fundamento de la realización de pasos adicionales:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención).

Value of property / Valor del bien:

\$ 319,188.00 and others

Amount of the claim that is secured /

Importe de la reclamación que está garantizado: \$

*el is current
that there is evidence
of payment*

Amount of the claim that is unsecured /

Importe de la reclamación que no está garantizado: \$

5/4

(The sum of the secured and unsecured amounts should match the amount in line 7.)

(La suma del importe garantizado y no garantizado debe coincidir con el importe de la linea 7.)

Amount necessary to cure any default as of the Petition Date /

Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$

Annual Interest Rate (on the Petition Date)

Tasa de interés anual (cuando se presentó el caso) %

Fixed / Fija

Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

Modified Official Form 410

No / No

Yes. Amount necessary to cure any default as of the Petition Date.

Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$

Proof of Claim

page 3

U0505 v 01 02 15 2016



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12. Is this claim subject to a right of setoff?

¿La reclamación está sujeta a un derecho de compensación?

No / No

Yes. Identify the property /
Si. Identifique el bien: _____

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

No / No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ _____

Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que completa esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

I am the creditor. / Soy el acreedor.
 I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 11/07/2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma Andrea I. Boscor

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo

Company / Compañía

Identify the corporate servicer as the company if the authorized agent is a servicer.
Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

Number / Número Street / Calle

City / Ciudad

State / Estado

ZIP Code / Código postal

Contact phone / Teléfono de contacto _____

Email / Correo electrónico _____

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COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO

[seal:] POLICE OF
PUERTO RICO

SEND ALL
OFFICIAL CORRESPONDENCE
TO THE SUPERINTENDENT:
PO BOX 70166
SAN JUAN, PUERTO RICO 00936-8166
Phone 793 1234

February 27, 2002-02-27

TO ALL CIVILIAN PERSONNEL [signatures and initials]
[handwritten:] 2/27/02

[signature]

Mr. Miguel Pereira
Superintendent

SUBJECT: JOB CLASSIFICATION AND COMPENSATION PLAN IMPLEMENTATION

The purpose of this letter is to clarify the last paragraph of the third (3rd) page, corresponding to the letter informing all civilian employees of the effect of the implementation of the Position Classification and Compensation Plans, in the positions that they occupy, as well as on their salary.

If your position is included within the appropriate unit, you may use the process for **Complaints, Grievances and Arbitration**, as established in the Collective Agreement of the civilian employees of the Police of Puerto Rico, within a period of **15 working days** from notice of the administrative review. On the other hand, if your position is excluded from the appropriate unit, you may appeal to the **Personnel Administration System Appeals Board** (JASAP, in Spanish), as indicated in the aforementioned letter.



[handwritten, illegible]

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Toledo announces classification payments

MARIBEL HERNÁNDEZ EARLY REPORT	classification compensation plan interrupts it. Toledo Dávila is awaiting a decision from the Management and Budget Office (OGP, in Spanish) to find out whether they will grant the \$14 million necessary for full implementation of the plan, which would represent an average increase of \$142 in the salaries of civilian employees. However, the civilian employees expressed their displeasure when they were informed that they will not receive the \$100 raise that was to be granted by Governor Pedro Rosselló, as the raise under the	of the Headquarters. He also noted that 85 percent of the agency's budget is used for salary payments. One of the concerns raised by the civilian employees during the meeting is whether the raise and the classification of the 24 career scales and the nine would be honored by the new administration taking the helm in January. Toledo Dávila explained this is why he signed the compensation plan on Thursday before the electoral ban, because the agreement is law and it will have to be honored. "It is the law, it is binding for everyone, even if the	changes, it is part of the government's policy commitment", Toledo Dávila observed, and his expression earned applause from the audience. Another issue raised referred to when they would receive their new position classification and the term required by law to appeal their classification, if necessary, with the Personnel Administration System Appeals Board (JASAP, in Spanish). In turn, Toledo Dávila clarified that the pay raise will include the civilian employees assigned to the Office of the Commissioner for Safety and Protection, regardless of the position held.
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[other newspaper articles and advertisements, partially truncated]

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R. I. D. A.
Commonwealth of Puerto Rico

POLICE OF PUERTO RICO [seal:] POLICE OF

June 8, 2001

PUERTO RICO

SEND ALL

OFFICIAL CORRESPONDENCE

TO THE SUPERINTENDENT:

PO BOX 70166

SAN JUAN, PUERTO RICO 00936-8166

HEADQUARTERS

Phone 793 1234

**TO ALL CIVILIAN PERSONNEL
FORMING PART
OF THE POLICE OF PUERTO RICO**

[signature]

PIERRE E. VIVONI

Superintendent

CLASSIFICATION AND COMPENSATION PLANS

As an essential part of my role as Superintendent of the Police of Puerto Rico, I have appointed a committee that is evaluating the project of the Classification and Compensation Plans developed by the Central Labor Advisory and Human Resources Administration Office (OCALARH, in Spanish), in coordination with our Human Resources Department. As soon as this committee submits its report, we will meet with the representatives of the OCALARH in order to make the corresponding changes and adjustments to the project. Our goal is to make these plans appropriate to properly classify occupied and vacant positions. For obvious reasons, there is a need to use effective work tools to administer the human resources of our Agency in a just manner consistent with the applicable laws and regulations.

As soon as the evaluations process and the corresponding adjustments are complete, I will inform you of everything relating to the adoption and implementation of the new Classification and Compensation Plans. This must be, of course, as soon as possible, but never sacrificing the quality of the work. We estimate that the process will be completed no later than July.

However, it is necessary to clarify the statements made recently by some sectors unrelated to our Agency in various media outlets, suggesting that the money allocated for implementation of the new plans was used to pay for overtime. This information is completely false and has the effect of creating unrest and confusion among our civilian employees. We hereby deny that version as well as other negative versions relating to this matter and we clarify that the funds allocated to the Plans will be used only for these purposes.

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**Commonwealth of Puerto Rico
POLICE OF PUERTO RICO
San Juan, Puerto Rico**

**SALARY STRUCTURE TO APPLY
TO THE POLICE OF PUERTO RICO
BEGINNING JANUARY 1, 2002**

CAREER SERVICE

No. on the Scale	INTERMEDIATE STEPS								Maximum Step	
	Minimum Step	1	2	3	4	5	6	7		
1	1000	1045	1092	1141	1193	1246	1302	1361	1422	1486
2	1054	1101	1151	1203	1257	1313	1373	1434	1499	1566
3	1111	1161	1213	1268	1325	1384	1447	1512	1580	1651
4	1171	1224	1279	1336	1396	1459	1525	1593	1665	1740
5	1234	1290	1348	1408	1472	1538	1607	1679	1755	1834
6	1301	1359	1420	1484	1551	1621	1694	1770	1850	1933
7	1371	1433	1497	1565	1635	1709	1785	1866	1950	2037
8	1445	1510	1578	1649	1723	1801	1882	1967	2055	2147
9	1523	1592	1663	1738	1816	1898	1983	2073	2166	2263
10	1605	1678	1753	1832	1914	2001	2091	2185	2283	2386
11	1692	1768	1848	1931	2018	2109	2203	2303	2406	2515
12	1783	1864	1948	2035	2127	2222	2322	2427	2536	2650
13	1880	1964	2053	2145	2242	2342	2448	2558	2673	2793
14	1981	2070	2164	2261	2363	2469	2580	2696	2817	2944
15	2088	2182	2280	2383	2490	2602	2719	2842	2970	3103

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Estado Libre Asociado de Puerto Rico

Commonwealth of Puerto Rico
POLICE OF PUERTO RICO
San Juan, Puerto Rico

First Position Class Assignment Included in the New Job Classification Plan adopted for the Career Service of the Police of Puerto Rico, pursuant to the provisions from Section 4.2 of the amended Public Service Personnel Act Number 5 of October 14, 1975.

In adherence to the provisions from Articles 2, 3, and 5 of the amended Uniform Compensation Act Number 89 of July 12, 1979, we have assigned the position categories included in the new Job Classification Plan adopted for the Career Service of the Police of Puerto Rico to the pay scales established to take effect beginning January 1, 2002.

Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
5721	ATTORNEY I	8 MONTHS	2716-4037	20
5722	ATTORNEY II	8 MONTHS	3018-4484	22
5723	ATTORNEY III	8 MONTHS	3652-4982	24
2451	ASSISTANT DOCUMENT ADMINISTRATOR	6 MONTHS	1445-2147	8
2461	DOCUMENT ADMINISTRATOR	8 MONTHS	1692-2515	11
2241	OFFICE SYSTEMS ADMINISTRATOR I	6 MONTHS	1692-2515	11
2242	OFFICE SYSTEMS ADMINISTRATOR II	6 MONTHS	1783-2650	12
2311	PURCHASING AGENT	5 MONTHS	1371-2037	7
4311	BUDGET ANALYST I	7 MONTHS	1605-2386	10
4312	BUDGET ANALYST II	7 MONTHS	1783-2650	12
4313	BUDGET ANALYST III	7 MONTHS	1981-2944	14

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
6211	INFORMATION SYSTEMS ANALYST	6 MONTHS	2088-3101	15
5211	SYSTEMS AND PROCEDURES ANALYST I	8 MONTHS	1605-2386	10
5212	SYSTEMS AND PROCEDURES ANALYST II	8 MONTHS	1783-2650	12
5213	SYSTEMS AND PROCEDURES ANALYST III	8 MONTHS	1981-2944	14
5131	HUMAN RESOURCES ADMINISTRATION ANALYST I	6 MONTHS	1605-2386	10
5132	HUMAN RESOURCES ADMINISTRATION ANALYST II	6 MONTHS	1783-2650	12
5133	HUMAN RESOURCES ADMINISTRATION ANALYST III	6 MONTHS	1981-2944	14
1611	GUNSMITH	6 MONTHS	1301-1933	6
1541	GRAPHIC ARTIST	6 MONTHS	1445-2147	8
4411	AUDITOR I	8 MONTHS	1605-2386	10
4412	AUDITOR II	8 MONTHS	1783-2650	12
4413	AUDITOR III	8 MONTHS	2088-3103	15
2411	ADMINISTRATIVE ASSISTANT I	6 MONTHS	1523-2263	9
2412	ADMINISTRATIVE ASSISTANT II	6 MONTHS	1692-2515	11
2121	PROPERTY ASSISTANT	5 MONTHS	1111-1651	3
6111	INFORMATION TECHNOLOGY SERVICES ASSISTANT	6 MONTHS	1111-1651	3
4131	ACCOUNTING ASSISTANT I	6 MONTHS	1371-2037	7

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
4132	ACCOUNTING ASSISTANT II	6 MONTHS	1445-2147	8
4133	ACCOUNTING ASSISTANT III	6 MONTHS	1605-2386	10
5311	STATISTICS ASSISTANT I	7 MONTHS	1371-2037	7
5312	STATISTICS ASSISTANT II	7 MONTHS	1445-2147	8
5861	MEDICAL ASSISTANT	6 MONTHS	2716-4037	20
6161	INFORMATION SYSTEMS SECURITY ASSISTANT	6 MONTHS	1783-2650	12
2211	OFFICE SYSTEMS ASSISTANT I	6 MONTHS	1111-1651	3
2212	OFFICE SYSTEMS ASSISTANT II	6 MONTHS	1171-1740	4
2213	OFFICE SYSTEMS ASSISTANT III	6 MONTHS	1301-1933	6
1411	KITCHEN ASSISTANT	4 MONTHS	1000-1486	1
1251	ASSISTANT TO EXPERT ELECTRICIAN	4 MONTHS	1234-1834	5
5421	LIBRARIAN	8 MONTHS	1605-2386	10
1231	CARPENTER	4 MONTHS	1234-1834	5
6141	MEDIA LIBRARIAN	6 MONTHS	1234-1834	5
1421	COOK	3 MONTHS	1054-1566	2
1521	DRIVER MESSENGER	4 MONTHS	1171-1740	4
1111	JANITOR	3 MONTHS	1000-1486	1
4141	ACCOUNTANT I	8 MONTHS	1692-2515	11
4142	ACCOUNTANT II	8 MONTHS	1981-2944	14

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
6151	COMPUTER LABORATORY COORDINATOR	8 MONTHS	1981-2944	14
2191	POLICE ATHLETIC LEAGUE COORDINATOR	6 MONTHS	1605-2386	10
1781	TELECOMMUNICATIONS COORDINATOR	6 MONTHS	1523-2263	9
5462	ASSOCIATE DEAN	8 MONTHS	3018-4484	22
5461	ASSISTANT DEAN	8 MONTHS	2863-4255	21
5821	DIETICIAN	6 MONTHS	1880-2793	13
2331	ASSISTANT DIRECTOR OF PURCHASING	6 MONTHS	1692-2515	11
2441	ASSISTANT DIRECTOR OF PAYROLL	8 MONTHS	1692-2515	11
4321	ASSISTANT DIRECTOR OF BUDGET	9 MONTHS	2201-3271	16
6341	ASSISTANT DIRECTOR OF INFORMATION TECHNOLOGY	8 MONTHS	2863-4255	21
5941	FAMILY AND VICTIM SUPPORT PROGRAM ASSISTANT DIRECTOR	6 MONTHS	2716-4037	20
4521	ASSISTANT DIRECTOR FOR FEDERAL PROJECTS	12 MONTHS	2088-3103	15
3331	ASSISTANT DIRECTOR OF TECHNICAL SERVICES	6 MONTHS	2445-3643	18
5221	ASSISTANT DIRECTOR OF SYSTEMS AND PROCEDURES	8 MONTHS	2088-3103	15
5141	TRAINING DIRECTOR	6 MONTHS	2320-3447	17

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
1891	ASSISTANT DIRECTOR FOR COMMUNICATIONS SYSTEMS	6 MONTHS	1692-2515	11
1881	ART AND REPRODUCTION DIRECTOR	6 MONTHS	1783-2650	12
5431	LIBRARY DIRECTOR	7 MONTHS	1692-2515	11
2341	PURCHASING DIRECTOR	6 MONTHS	1880-2793	13
5451	ACADEMIC DEPARTMENT DIRECTOR	8 MONTHS	2088-3103	15
5151	HUMAN RESOURCES DIVISION DIRECTOR I	8 MONTHS	2201-3271	16
5152	HUMAN RESOURCES DIVISION DIRECTOR II	8 MONTHS	2320-3447	17
5153	HUMAN RESOURCES DIVISION DIRECTOR III	8 MONTHS	2716-4037	20
5951	PSYCHOLOGY AND SOCIAL WORK DIVISION DIRECTOR	8 MONTHS	3018-4484	22
5331	STATISTICS DIRECTOR	7 MONTHS	2201-3271	16
4211	FINANCE DIRECTOR	8 MONTHS	2863-4255	21
3151	DIRECTOR, PHOTOGRAPHY LABORATORY	8 MONTHS	1783-2650	12
2481	PAYROLL DIRECTOR	8 MONTHS	1880-2793	13
4331	BUDGET DIRECTOR	9 MONTHS	2863-4255	21
6351	INFORMATION SYSTEMS SERVICES DIRECTOR	6 MONTHS	2088-3103	15
2471	GENERAL SERVICES DIRECTOR	7 MONTHS	1692-2515	11
5891	MEDICAL DIRECTOR	12 MONTHS	3652-4982	24

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
1241	CABINETMAKER	4 MONTHS	1234-1834	5
1252	ELECTRICIAN	4 MONTHS	1371-2037	7
2131	WEAPON OWNERSHIP CONTROL MANAGER	6 MONTHS	1234-1834	5
1221	STABLE MANAGER	3 MONTHS	1171-1740	4
2141	PROPERTY MANAGER	5 MONTHS	1234-1834	5
1331	VEHICLE MAINTENANCE MANAGER	4 MONTHS	1301-1933	6
5841	MEDICAL SERVICES MANAGER	6 MONTHS	1692-2515	11
5812	GENERAL NURSE	6 MONTHS	1605-2386	10
5811	LICENSED NURSE PRACTITIONER	4 MONTHS	1371-2037	7
5921	COUNSELING AND GUIDANCE SPECIALIST	8 MONTHS	2445-3634	18
5881	WORK HEALTH AND SAFETY SPECIALIST	8 MONTHS	1880-2793	13
6311	INFORMATION SYSTEMS SPECIALIST	8 MONTHS	2201-3271	16
5321	STATISTICIAN I	8 MONTHS	1605-2386	10
5322	STATISTICIAN II	8 MONTHS	1692-2515	11
5323	STATISTICIAN III	7 MONTHS	1783-2650	12
2181	FILE EVALUATOR I	6 MONTHS	1234-1834	5
2182	FILE EVALUATOR II	6 MONTHS	1301-1933	6
2183	FILE EVALUATOR III	6 MONTHS	1445-2147	8
1531	PHOTOGRAPHER	3 MONTHS	1301-1933	6
5161	HUMAN RESOURCES ASSISTANT MANAGER	8 MONTHS	2863-4255	21

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
2151	STOREKEEPER I	5 MONTHS	1111-1651	3
2152	STOREKEEPER II	5 MONTHS	1171-1740	4
1311	TRANSPORT SERVICES ASSISTANT INSPECTOR	6 MONTHS	1301-1933	6
1321	TRANSPORT SERVICES INSPECTOR	6 MONTHS	1445-2147	8
1621	TOWER AND ANTENNA INSTALLER I	6 MONTHS	1605-2386	10
1622	TOWER AND ANTENNA INSTALLER II	6 MONTHS	1692-2515	11
5411	MARTIAL ARTS AND PERSONAL DEFENSE INSTRUCTOR	6 MONTHS	1783-2650	12
5413	FIRST AID INSTRUCTOR	6 MONTHS	1783-2650	12
1211	GARDENER	4 MONTHS	1111-1651	3
1291	BOAT MECHANIC	4 MONTHS	1371-2037	7
1281	MOTOR VEHICLE MECHANIC I	4 MONTHS	1371-2037	7
1282	MOTOR VEHICLE MECHANIC II	4 MONTHS	1445-2147	8
5851	GENERAL PHYSICIAN	8 MONTHS		22
1511	MESSENGER	4 MONTHS	1111-1651	3
2321	PURCHASING OFFICER I	5 MONTHS	1523-2263	9
2322	PURCHASING OFFICER II	5 MONTHS	1605-2386	10
5511	INVESTIGATIONS OFFICER	6 MONTHS	1692-2515	11
5111	APPOINTMENTS AND CHANGES OFFICER	6 MONTHS	1523-2263	9
2431	PAYROLL OFFICER I	4 MONTHS	1371-2037	7
2432	PAYROLL OFFICER II	5 MONTHS	1523-2263	9

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
2171	PROPERTY OFFICER	5 MONTHS	1301-1933	6
5611	COMMUNICATIONS OFFICER	6 MONTHS	1783-2650	12
2491	EXECUTIVE OFFICER I	8 MONTHS	2201-3271	16
2492	EXECUTIVE OFFICER II	8 MONTHS	2445-3634	18
2493	EXECUTIVE OFFICER III	8 MONTHS	2863-4255	21
6171	INFORMATION SYSTEMS SECURITY OFFICER	8 MONTHS	1981-2944	14
2111	OFFICE WORKER I	4 MONTHS	1111-1651	3
2112	OFFICE WORKER II	4 MONTHS	1171-1740	4
2113	OFFICE WORKER III	4 MONTHS	1371-2037	7
4111	ACCOUNTING OFFICE WORKER	5 MONTHS	1171-1740	4
1711	TELEPHONE SWITCHBOARD OPERATOR	5 MONTHS	1111-1651	3
6121	INFORMATION ELECTRONIC EQUIPMENT OPERATOR I	6 MONTHS	1171-1740	4
6122	INFORMATION ELECTRONIC EQUIPMENT OPERATOR II	6 MONTHS	1234-1834	5
1761	MICROFILM EQUIPMENT OPERATOR I	6 MONTHS	1234-1834	5
1762	MICROFILM EQUIPMENT OPERATOR II	6 MONTHS	1301-1933	6
1763	MICROFILM EQUIPMENT OPERATOR III	8 MONTHS	1371-2037	7
1721	PRINTING EQUIPMENT OPERATOR I	4 MONTHS	1171-1740	4
1722	PRINTING EQUIPMENT OPERATOR II	4 MONTHS	1234-1834	5
1731	SIGNATURE PRINTER OPERATOR	4 MONTHS	1111-1651	3

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
1741	BULLET RELOADING MACHINE OPERATOR	4 MONTHS	1111-1651	3
1751	RADIOTELEPHONE OPERATOR	4 MONTHS	1234-1834	5
1261	PLUMBER	4 MONTHS	1301-1933	6
6221	INFORMATION SYSTEMS PROGRAMMER I	6 MONTHS	1783-2650	12
6222	INFORMATION SYSTEMS PROGRAMMER II	6 MONTHS	1880-2793	13
6223	INFORMATION SYSTEMS PROGRAMMER III	6 MONTHS	1981-2944	14
4121	ASSISTANT COLLECTOR	4 MONTHS	1301-1933	6
4123	COLLECTIONS OFFICER	6 MONTHS	1445-2147	8
5441	REGISTRAR	8 MONTHS	2445-3634	18
5961	PSYCHOLOGIST I	8 MONTHS	2445-3634	18
5962	PSYCHOLOGIST II	8 MONTHS	2716-4037	20
5981	PSYCHIATRIST	8 MONTHS	3180-4727	23
5931	FAMILY AND VICTIM SUPPORT PROGRAM SUPERVISOR	8 MONTHS	2577-3830	19
1811	JANITORIAL SUPERVISOR	5 MONTHS	1234-1834	5
2421	FILE EVALUATOR SUPERVISOR	6 MONTHS	1605-2386	10
1841	ARMORY SUPERVISOR	6 MONTHS	1371-2037	7

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Class Number	Class Title	Probationary Period	Pay Scale	Scale Number
1121	WORKER	3 MONTHS	1000-1486	1
1131	PRESERVATION AND MAINTENANCE WORKER	3 MONTHS	1054-1566	2
5971	SOCIAL WORKER I	8 MONTHS	2201-3271	16
5972	SOCIAL WORKER II	8 MONTHS	2320-3447	17
5973	SOCIAL WORKER III	8 MONTHS	2445-3634	18
2231	ADMINISTRATIVE INVESTIGATIONS TRANSCRIPTIONIST	6 MONTHS	1605-2386	10

As evidence of our approval of the contents of this document, we sign the list of job categories which indicates the class number and title, the probationary period, the pay scale assigned to each category and the number of that scale.

This document includes twelve (12) pages containing one hundred and eighty-four (184) job categories, on which we have placed our corresponding initials and signatures.

In San Juan, Puerto Rico on [ink stamp:] **JUNE 24 2002**

[signature]
Emmalind García
Administrator
Central Labor Advisory
and Human Resources
Administration Office

[signature]
Miguel A. Pereira
Superintendent
Police of Puerto Rico

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Commonwealth of P.P.
Claims Processing Center
40 Penn Clark, LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

Jan 27, 2013

To whom it may concern

Attached ~~are~~ documents to claims processing
center to be evaluated

Not all documents presented but
necessary to convince that the Agency
have debt payment to the employee
but we tried to demonstrate that
debt.

The calculation of the bills
is about years that Agency do
not have money to pay law by law

The Superintendent and other staff
of the Agency can't afford that.
And we can try to send
that copies to demonstrate that debts.
Commonwealth of P.P. thank to help us with
this claim 410

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Toledo announces classification payments

MARIBEL HERNÁNDEZ EARLY REPORT	classification and compensation plan interrupts it. Toledo Dávila is awaiting a decision from the Management and Budget Office (OGP, in Spanish) to find out whether they will grant the \$14 million necessary for full implementation of the plan, which would represent an average increase of \$142 in the salaries of civilian employees.	of the Headquarters. He also noted that 85 percent of the agency's budget is used for salary payments. One of the concerns raised by the civilian employees during the meeting is whether the raise and the classification of the 24 career scales and the nine trust positions would be honored by the new administration taking the helm in January. Toledo Dávila explained this is why he signed the compensation plan on Thursday before the electoral ban, because the agreement is law and it will have to be honored.	changes, it is part of the government's policy commitment", Toledo Dávila observed, and his expression earned applause from the audience. Another issue raised referred to when they would receive their new position classification and the term required by law to appeal their classification, if necessary, with the Personnel Administration System Appeals Board (JASAP, in Spanish). In turn, Toledo Dávila clarified that the pay raise will include the civilian employees assigned to the Office of the Commissioner for Safety and Protection, regardless of the position held.
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[other newspaper articles and advertisements, partially truncated]

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COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO
PONCE AREA GENERAL COMMAND

AP-1-3-1.217

October 4, 1993

[handwritten:] page 71 [;] #7

MS. GLORIA GUZMAN VIRELLA
DIRECTOR
PERSONNEL DEPARTMENT

[ink stamp:] RECEIVED
OCT 11 1993
[signature]

[signature]
COMMANDER FERNANDO L. CERDA RIVERA 4-7413
PONCE AREA COMMANDER

[signature]
MRS. CARMEN M. RUIZ DIAZ
SECRETARY I

REVISED PAY STRUCTURES

For the September 30 pay period, civilian personnel, to which I belong, received a change in our wages, as a result of the revision made to the pay scale.

I, like many secretaries, am very happy, because a change has been made to our wages, contributing significantly to our ability to meet our economic needs.

Now, evaluating my salary and comparing it to that of other secretaries who occupy my position as Secretary, I, in the Ponce Area, I have come to notice a difference that I find unsettling and that in addition, in my view, could be analyzed by you.

I wish to note that I am not objecting to the raise as such, but rather, I believe that for the Secretary I position, after 14 years working at the Police and one (1) year at another Agency, my pay scale could be a bit higher.

My pay scale increased to \$801.00, receiving a raise of \$94.00 per month. However, the position of other secretaries that are in my category with fewer years of public service fell on a pay scale of \$881.00, with a raise of \$147.00. This raise is in fact reasonable for the position of a Secretary I, and especially when one has a Bachelor's in Secretarial Sciences.

[handwritten:] Civil
14 Oct 93

[handwritten:] 2 11 Oct 93

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June 19, 2018

Commonwealth of Puerto Rico
Claims Processing Center
c/o Prime Clerk, LLC
850 Third Avenue, Suite 412
Brooklyn, N.Y. 11232

To whom it may concern:

Attached or accompany the following
documents required to be evaluated for
the EPIG Bankruptcy Solutions, LLC.

They are in spanish.

1. PR2 DOC-24-2018 (MERGE2, TXN#41)
--- 400003605000000 0001 000508786 INS:00
2. Notice of Deadlines for filing Proofs of Claim

[handwritten:]

3. Letter sent to civilian employees with information on the classification and compensation plan of Mr. Pedro Toledo Dávila.
4. Letter SAOC-AP-1-11-062, requesting my resignation for years of service
5. Document on payment guidance by Mrs. Petra Viera June 3, 2009
6. Letter SASG-NRH-DAERV-11-370 December 4, 2009
7. Letter SAOC-RP-1-1-1,110, June 16, 2009

Resignation for years of service

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[handwritten:]

*Calculations made by the Payroll
Division Headquarters
amounts not added to my wage:*

[signature]

Scale 4	$27 \times 12 \times 31 = 10,044$
	$85 \times 12 \times 31 = 1,020 \times 31 = 31,620$
	12
Scale 11	$109 \times 15 \times 31$ [crossed out] = 4,077 40,548

319,188 *Calculations and transactions made
by the Payroll Division*

Romerazo from 1983-2018 = 12,000.00

1996
Act 89 through 2018 – moved to
scale 11 with a
salary of 1,010.00 – 12120 22 years[;] 266,440
Retirement 2011 1564
*I do not know the calculation of
this today*

Promesa [illegible-crossed off] pay raise – 2004 = 2,450

*I never received the last step of the [illegible] of the pay scales beginning in
the year 2002, through this year 2018. I do not know the exact total of this
raise from the last scale.*

Total without the last scale of 26,222

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[handwritten:]

96

30

2018

1996

Act 89

$$Romerazo = 1753 \times 12 \times 22 = \underline{462,792} \text{ Act 89}$$

$$--- \quad 1753 \times 12 = 21,03-25 = 43,825$$

2018

2009

Salary x years owed

Year 2018

— — —

Years of Act 89

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[handwritten:]

	1933	25.5	2008
<i>Py Si Ofi II</i>		- 1933	<u>2012</u>
		- <u>1538</u>	996
			<u>255 x 12 = 6</u>
<i>Act 89 – 2018</i>	6	1938	
<i>1993 – 18</i>	3	1651	
<i>Romerazo 40</i>			
	150	2018	
		<u>2002</u> x	
<i>Scale Compensation</i>		16 x 150	
		2018	
<i>[illegible] 175 [illegible]</i>		<u>2004</u>	
		14 x 175	

I By 2002, they were supposed to be on scale 6, the wage should have been 1933, not even as a retiree have they received this wage. Their current wage is 1538.

<i>Calculation</i>	1933
	- <u>1538</u>
	395
	<u>x 12</u>
	4740
	<u>x 10</u>
	47400

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[handwritten:]

II Romerazo --- $40 \times 12 =$ 480
Should receive this compensation 2,880

III Pay scale promised in three stages and [illegible] 2 [illegible] all retirees was 300, and of the [illegible] they only gave 150. Remaining 150 owed (2002)

$$\begin{array}{r}
 150 \\
 \times 12 \\
 \hline
 1,800
 \end{array}$$

Should receive 28,800

IV *Raise promised by Union 175 in the year 2004 (14 years)*

$$\begin{array}{r}
 175 \\
 \times 12 \\
 \hline
 2,100
 \end{array}$$

$$\begin{array}{r}
 x 14 \\
 \hline
 29.400
 \end{array}$$

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[handwritten:]

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June 19, 2018

8. *Letter from the Administrative System Administrations Board (Admin. Forum)*
Case No.: T-01-10-372
Delfina López Rosario et al.
Appellants vs. Police of P.R. et al.
Appellees (Request for Joinder in Appeal)
9. *Professional Services Agreement, Civilian Employees of the Police of P.R. (2004), authorizing the González-Arranza Law Firm with mention of \$2,400 advance for expenses*
10. *Letter from Ms. Ivonne Gonzalez Moralez informing through the Police of P.R. that the case filed by Delfina López resulted in a favorable ruling for the civilians.*
11. *Letter from Mr. Pedro Toledo August 12, 2008*
SAOC-NRH-DCR-6-229, clarifying new wage according to the pay scale study.
12. *Form on contract for Ms. Ivonne González on improper implementation of the federal minimum wage.*
13. *Administrative Review Request Form*
14. *Complaint (Form) Date and facts presented in the complaint, continuation of remedy requested by the employee*
15. ~~*Notice of appointment and swearing in*~~

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[handwritten:]

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June 19, 2018

15. *Letter dated February 27, 2002-02-27 from Mr. Miguel Pereira, Superintendent, Subject: Implementation of Job and Compensation Classification Plan*

16. *Letter AP-28-4-151 of March 7, 2002 Subject: Request for Administrative Review Request Job and Compensation Classification Plan Implementation (2 pages)*

17. *Letters from February 27, 2002 addressed to Maria Pagán Suares and Carmen Ruiz with the same position and different wage to be compared, received by both on February 28, 2002*

18. *Letter from Mr. Pierre Vivoni, Superintendent, on the topic of Classification and Compensation Plans, together with Administrative Review Request form*

a) *OP-14 Job Classification Questionnaire form*

19. *Law indicating raise of \$100.00 for public employees (3rd Ordinary Assembly)*

20. *Form [illegible] Pedro Toledo from September 5, 2000, Subject Classification and Compensation Plan together 11 copies [illegible] in this regard.*

21. *Notice of appointment and swearing in*

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[handwritten:]

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Remarks:

These documents are attached to be evaluated and they serve to help demonstrate that just wages have not been in place from the year 2000 through 2018, that we were notified of certain studies and that these studies were never completed. This was because of a conflict of interest in each Superintendent or Head of the Agency.

We have doubts regarding certain pay raises that we never received during all those years.

- a) Act 89
- b) Romerazo
- c) 175.00 promised
- d) 3rd pay scale

This could have been a calculation of everything between \$20,000 and 25,000 dollars, of which we do not have evidence and is not reflected in the pension, which must be adjusted.

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Note: The next 10 pages contain 5 pages of Spanish text followed by the English version, on 3 pages.
Where the Spanish text in the first 5 pages was not replicated in English, it is translated over the Spanish

IMPORTANT LEGAL NOTICE FOR CLAIMANT PENSIONERS, RETIREES AND EMPLOYEES

The United States District Court for the District of Puerto Rico issued a ruling (a “Bar Date order”) that establishes a deadline for creditors to allege claims against any of the following Title III Debtors: (i) Commonwealth of Puerto Rico, (ii) the Employees’ Retirement System of the Government of the Commonwealth of Puerto Rico, (iii) the Puerto Rico Highways and Transportation Authority, (iv) the Puerto Rico Sales Tax Financing Corporation and (v) the Puerto Rico Electric Power Authority.

According to the Bar Date order, you are **not** required to submit a proof of claim with respect to claims you have for accrued pensions or any other postretirement benefit which you are owed (“Pension benefits”). Nevertheless, if you have a claim not for Pension benefits against any of the Title III Debtors mentioned above, then you must submit a proof of claim with respect to such claim by or before **4:00 p.m. (Atlantic Standard Time) on May 29, 2018, to avoid disallowance of your claim.**

Additionally, as employee, furloughed employee, or former employee, you are **not** required to submit a proof of a claim for compensation or employee benefits, including, among other things, for wages, salaries, employee medical benefits, or insurance benefits or workers’ compensation claims, **rather you must** submit the claims that were or will be filed in a court case or administrative proceeding due to a grievance or customary rights, statutory rights, or regulations unrelated to employment, including when said complaints are alleged as damages or the right to receive wages, salaries, employee medical benefits or insurance benefits.

Finally, you are **not** required to submit proof of a claim that is limited to obligations by virtue of a collective labor agreement, including, among other things, complaints or claims arising from a current or prior employment relationship with the State; nevertheless, if you allege a claim due to one or more complaints that were resolved or settled through an arrangement or arbitration award as of February 28, 2018, you **must** submit proof of claim.

All documents submitted in Title III Cases, including the Deadline order and Proof of Claim Form, are available at no charge at the website <https://cases.primeclerk.com/puertorico/>. For more information for retirees, visit www.porturetiro.com.

INFORMACIÓN GENERAL: PUNTOS CLAVE

- Este documento es un aviso legal con respecto a los Casos en virtud del Título III de los Deudores (mencionados anteriormente). El documento se enviará a todas las partes con las cuales los Deudores posiblemente tengan deudas en dinero (conocidas como "acreedores").
- En la información general de esta página, se describen los términos clave del documento. Lea detenidamente todo el documento para obtener más detalles.**
- En los procedimientos según el Título III conforme a la ley PROMESA, es probable que se les exija a los acreedores que presenten formularios de evidencia de reclamaciones que indiquen el monto adeudado hasta el día en que se presentó el procedimiento según el Título III. En este documento, se explica cómo presentar sus reclamaciones.
- A muchos acreedores de Casos en virtud del Título III no se les exige presentar una reclamación.** En este documento, se indica quiénes deben presentar una reclamación y quiénes no deben presentarla. **Consulte la Sección 2 de este documento para obtener una lista completa de las partes que no deben presentar una reclamación.**
- Si a usted no se le exige presentar una reclamación, no es necesario que complete y devuelva un formulario de evidencia de reclamación, y seguirá manteniendo sus derechos de votar con respecto a un plan de ajuste y recibir pagos en virtud del plan.** Un plan de ajuste es un documento en el que se explica la manera en que un Deudor propone pagar los montos adeudados a sus acreedores. Una vez presentado, este plan estará disponible para que lo revisen los acreedores. En una fecha posterior, se determinará quién votará en el plan. El monto que puede recibir en virtud del plan también se determinará más adelante.
- Si debe presentar una reclamación en contra de alguno de los Deudores, debe hacerlo antes del 29 de mayo de 2018 a las 4:00 p. m., hora del Atlántico.** Con este documento, se proporciona un formulario que puede usar para presentar su reclamación.
- Las reclamaciones pueden presentarse (a) de manera electrónica, realizando la presentación en el sitio web del Agente de reclamaciones en <https://cases.primeclerk.com/puertorico/EPOC-Index>, o (b) por correo postal o entrega personalmente en las direcciones indicadas en la Sección 6 de este documento.
- Si, después de leer este documento, necesita información adicional sobre este Aviso, puede comunicarse con el Agente de reclamaciones al (844) 822-9231 (línea gratuita para los EE. UU y Puerto Rico) o al (646) 486-7944 (para llamadas internacionales), de 10:00 a. m. a 7:00 p. m. (hora del Atlántico) (disponible en español), o por correo electrónico a la dirección puertoricoinfo@primeclerk.com. Tenga en cuenta que las personas que responden las llamadas no pueden brindar asesoramiento legal. Si tiene preguntas sobre sus derechos legales, entre ellos, si necesita presentar una reclamación, debe hablar con un abogado.

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Ubicaciones de Commonwealth donde se acepta la entrega personalmente de las Evidencias de reclamaciones Todas las ubicaciones están abiertas desde el 27 de febrero de 2018 al 29 de mayo de 2018 (excepto los fines de semana y los feriados judiciales)		
Dirección	Horarios (AST)	
José V. Toledo Federal Building & US Courthouse Clerk's Office 300 Calle Recinto Sur San Juan, PR 00901	De lun. a vier. de 8:00 a. m. a 5:00 p. m.	
Federico Degetau Federal Building and Clemente Ruiz Nazario U.S. Courthouse Clerk's Office 150 Avenida Carlos Chardón San Juan, Puerto Rico, 00918-1767	De lun. a vier. de 8:30 a. m. a 4:30 p. m.	
MCS Building, Suite 222 A Bankruptcy Court Clerk's Office 880 Avenida Tito Castro Ponce, PR 00716-4732	De lun. a vier. de 8:00 a. m. a 5:00 p. m.	
Aerotek Añasco Bianca Convention Center Carr 2 KM 143, Suite 3 Añasco, PR 00610	De lun. a vier. de 8:30 a. m. a 5:00 p. m.	
Oceana HUB Center 2 Calle Acerina Caguas, PR 00725	De lun. a vier. de 8:30 a. m. a 5:00 p. m.	
CoSpazio 53 Calle Las Palmeras, 4to Piso San Juan, PR 00901	De lun. a vier. de 8:30 a. m. a 5:00 p. m.	

No se aceptarán las Evidencias de reclamaciones enviadas por facsímil, telecopia o transmisión por correo electrónico; sin embargo, pueden enviarse a través del sitio web de Prime Clerk: <https://cases.primeclerk.com/puertorico/EPOC-Index>.

Sección 7. Información adicional

Las Listas de acreedores de los Deudores y la Orden de fechas límite pueden descargarse y revisarse sin cargo en el sitio web del Agente de reclamaciones <https://cases.primeclerk.com/puertorico/>. Todo acreedor que se base en las Listas de acreedores de los Deudores asume la responsabilidad de determinar que su reclamación figure correctamente en dichas listas.

Si necesita información adicional sobre este Aviso, puede comunicarse con el Agente de reclamaciones al (844) 822-9231 (línea gratuita para los EE. UU y Puerto Rico) o al (646) 486-794 (para llamadas internacionales), de 10:00 a. m. a 7:00 p. m. (hora del Atlántico) (disponible en español), o por correo electrónico a la dirección puertoricoinfo@primeclerk.com.

También se encuentra disponible información adicional sobre el proceso de presentación de reclamos en el sitio web para el comité de acreedores estatutarios designado en los casos del Titular III en www.creditorspr.com, www.prcreditorscommittee.com o www.comitedeacreedoresdePR.com

Fecha: 15 de febrero de 2018

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[cut off] claims with respect to this or other claims on or before the general Bar Date to avoid disallowance of such other claims;

L. Inter-Governmental Claims: Any municipality, department, or agency of the Commonwealth other than a Debtor or “covered territorial instrumentality” (as defined in the PROMESA Act) asserting a claim against a Debtor in an amount less than \$200 million, or (ii) any Debtor or “covered territorial instrumentality.” For the avoidance of doubt, any entity described in the clause above (i) asserting a claim against a Debtor equal to or greater than \$200 million must file a proof of claim with respect to such claim on or before the General Bar Date to avoid disallowance of such claim;

M. Gastos administrativos: cualquier titular de una reclamación permisible en virtud de los artículos 503(b) y 507(a)(2) del Código de Quiebras como gasto administrativo (que no sea una reclamación en virtud del artículo 503(b)(9) del Código de Quiebras).

N. Evidencias de reclamaciones con plazos independientes: cualquier titular de una reclamación para el cual este Tribunal fije o haya fijado un plazo independiente.

O. Reclamaciones administrativas de profesionales: profesionales que alegan reclamaciones administrativas por honorarios y gastos sujetos a la aprobación del Tribunal de conformidad con el artículo 316 de la ley PROMESA.

Sin embargo, en caso de que el Tribunal de Distrito fije una fecha antes de la cual deban presentarse las reclamaciones descritas anteriormente en los párrafos A a O, usted recibirá oportunamente una notificación de dicha fecha límite.

Sección 3. Quiénes DEBEN presentar Evidencias de reclamaciones

Usted **DEBE** presentar una **Evidencia de reclamaciones** para votar en cualquier plan de ajuste presentado por la Junta de Supervisión en nombre de los Deudores o para participar en las distribuciones de los Deudores si tiene una reclamación que surgió antes de las fechas de inicio y que no corresponde a uno de los tipos de reclamaciones descritos anteriormente en los párrafos A a O de la Sección 2.

Un titular de una posible reclamación en contra de los Deudores debe consultar con un abogado si tiene preguntas relacionadas con este Aviso, entre ellas, si dicho titular debe presentar una Evidencia de reclamación.

Sección 4. Consecuencias de no presentar una Evidencia de reclamaciones antes de la Fecha límite correspondiente

A TODO TITULAR DE UNA RECLAMACIÓN QUE NO ESTÉ EXIMIDA DE LOS REQUISITOS DE LA ORDEN DE FECHAS LÍMITE, TAL COMO SE INDICÓ ANTERIORMENTE EN LOS PÁRRAFOS A-O DE LA SECCIÓN 2, Y QUE NO PRESENTE DE MANERA OPORTUNA UNA EVIDENCIA DE RECLAMACIONES EN EL FORMULARIO APROPIADO SE LE PROHIBIRÁ A PERPETUIDAD (SALVO QUE EL TRIBUNAL RESUELVA LO CONTRARIO) ALEGAR DICHA RECLAMACIÓN EN CONTRA DE LOS DEUDORES, VOTAR EN CUALQUIER PLAN DE AJUSTE PRESENTADO EN ESTOS CASOS EN VIRTUD DEL TÍTULO III Y PARTICIPAR DE CUALQUIER DISTRIBUCIÓN EN ESTOS CASOS EN VIRTUD DEL TÍTULO III EN CONCEPTO DE DICHA RECLAMACIÓN.

Section 2 – Who Is NOT Required To File a Proof of Claim

THE FACT THAT YOU RECEIVED THIS NOTICE DOES NOT MEAN THAT YOU HAVE A CLAIM AGAINST THE DEBTORS OR THAT THE DEBTORS BELIEVE YOU HAVE A CLAIM.

The following persons and entities are not required to file a Proof of Claim on or before the applicable Bar Date:

- A. Allowed Claims: Any person or entity whose claim was previously allowed by an order of this Court entered on or before the applicable Bar Date;
- B. Paid Claims: Any person or entity whose claim was paid in full by a Debtor, including claims paid by a Debtor after the commencement date of its Title III Case;
- C. Proofs of Claim Already Filed: Any person or entity who already properly filed a proof of claim, which substantially conforms to the Proof of Claim Form, in these Title III Cases with the Court or the claims agent or Debtor's notices;
- D. Claims Properly Listed and Categorized on Creditor Lists: Any person or entity whose claim is listed on one of the creditor lists and (i) the claim is not listed as "disputed," "contingent," or "unliquidated," (ii) the person or entity does not dispute the amount and nature of the claim as set forth on the corresponding Creditor List, and (iii) the person or entity does not dispute that the claim is an obligation of Debtor in question;
- E. PREPA Clients: Prepa clients in relation to the disposal of their deposits or individual service or billing disputes; nevertheless, such holder must allege a claim that is not otherwise excepted from filing a proof of claim by paragraphs A through O of this section, for which it must file a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- F. Pension Claims: For pensions and any other postretirement benefits, any retiree, active employee, and former employee and any beneficiary of a Title III Debtor (including any former employee of a Title III Debtor receiving an early pension, financial incentive or other benefits provided under Act No. 70-2010 or Act No. 211-2015 or similar laws or programs), or person currently participating or who has participated in a pension plan managed by a Title III Debtor, and any beneficiary of the persons mentioned above; provided, however, that any such holder should assert a claim not otherwise excepted from filing a proof of claim by Paragraphs A through O of this Motion by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- G. Union or Non-Union Employee Claims: Any union-represented or non-union represented employee, furloughed employee, or former employee for compensation and employment benefits, including, without limitation, wages, salaries, employee medical benefits and/or insurance benefits, or workers' compensation claims ("Compensation Claims"); provided, however, that Compensation Claims shall not include [cut off]

OVERVIEW – KEY POINTS

- This document is a legal notice concerning the Title III Cases of the Debtors (listed above). This document is being sent to all parties that may be owed money by the Debtors (known as “creditors”).
- **The Overview on this page describes the key terms of this document. Please read the entire document carefully for further details.**
- In a Title III proceeding under PROMESA, creditors may be required to file claim forms stating the amount of money owed to them as of the day the Title III proceeding was filed. This document explains how to file claims.
- **Many creditors in the Title III Cases are not required to file a claim.** This document explains who is required to file a claim and who is not required to file a claim. **Please see Section 2 of this document for a complete list of parties not required to file a claim.**
- **If you are not required to file a claim, you do not need to complete and return a claim form, and you will still keep your rights to vote on a plan of adjustment and receive payments under the plan.** A plan of adjustment is a document that explains how a Debtor proposes to pay the amounts it owes to its creditors. Once filed, this plan will be available for creditors to review. Who gets to vote on the plan will be determined at a later date. The amount you may receive under the plan also will be determined later.
- **If you are required to file a claim against any of the Debtors, you must do so by May 29, 2018 at 4:00 p.m., Atlantic Standard Time.** A form that you may use to file your claim is provided with this document.
- Claims may be filed by (a) electronically filing on the Claims Agent’s website at <https://cases.primeclerk.com/puertorico/EPOC-Index>, or (b) mail or hand delivery to the addresses provided in Section 6 of this document.
- After reading this document, if you require additional information regarding this Notice, you may contact the Claims Agent at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or by email at puertoricoinfo@primeclerk.com. Please note that the people answering the phone number are not able to provide legal advice. If you have questions about your legal rights, including whether you need to file a claim, you should talk to an attorney.

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- M. **Administrative Expenses:** Any holder of a claim allowable under Bankruptcy Code sections 503(b) and 507(a)(2) as an administrative expense (other than a claim under Bankruptcy Code section 503(b)(9));
- N. **Proofs of Claim with Separate Deadlines:** Any holder of a claim for which a separate deadline is or has been fixed by this Court; and
- O. **Professionals' Administrative Claims:** Professionals who assert administrative claims for fees and expenses subject to the Court's approval pursuant to PROMESA section 316;

provided, however, that, should the District Court fix a date by which the Claims described in Paragraphs A. through O. above must be filed, you will be notified of such bar date at the appropriate time.

Section 3 – Who MUST File a Proof of Claim

You **MUST** file a **Proof of Claim** to vote on any plan of adjustment filed by the Oversight Board on behalf of the Debtors or to share in any distributions from the Debtors if you have a Claim that arose prior to the commencement dates and it is not one of the types of Claims described in Paragraphs A. through O. in Section 2 above.

A holder of a possible Claim against the Debtors should consult an attorney if such holder has any questions regarding this Notice, including whether the holder should file a Proof of Claim.

Section 4 – Consequences of Failure to File a Proof of Claim by the Applicable Bar Date

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE REQUIREMENTS OF THE BAR DATE ORDER, AS SET FORTH IN PARAGRAPHS A. THROUGH O. IN SECTION 2 ABOVE, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE FOREVER BARRED (UNLESS OTHERWISE ORDERED BY THE COURT) FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS, FROM VOTING ON ANY PLAN OF ADJUSTMENT FILED IN THESE TITLE III CASES, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THESE TITLE III CASES ON ACCOUNT OF SUCH CLAIM.

Section 5 – What to File

IF YOU ARE ASSERTING A CLAIM AGAINST MORE THAN ONE DEBTOR, SEPARATE PROOFS OF CLAIM MUST BE FILED AGAINST EACH SUCH DEBTOR AND YOU MUST IDENTIFY ON YOUR PROOF OF CLAIM THE SPECIFIC DEBTOR AGAINST WHICH YOUR CLAIM IS ASSERTED AND THE CASE NUMBER OF THAT DEBTOR'S TITLE III CASE.

Each Proof of Claim, to be properly filed pursuant to this Notice, shall: (i) be written in English or Spanish; (ii) be denominated in lawful currency of the United States as of the relevant Title III Case commencement date; (iii) set forth with specificity the legal and factual basis for the asserted claim; (iv) include a copy of the supporting documentation (or, if such documentation is voluminous, you must attach a summary of such documentation) or an explanation as to why such documentation is not available, with such documentation, summary, or explanation being provided in English or Spanish; (v) include an original or electronic signature of the claimant or an authorized agent of the

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Locations in the Commonwealth Accepting Proofs of Claim by Hand Delivery All locations are available from February 27, 2018 to May 29, 2018 (except weekends and Court Holidays)	
Address	Hours (AST)
MCS Building, Suite 222 A Bankruptcy Court Clerk's Office 880 Tito Castro Avenue Ponce, PR 00716-4732	M-F 8:00 a. m. to 5:00 p. m.
Aerotek Añasco Bianca Convention Center Carr 2 KM 143, Suite 3 Añasco, PR 00610	M-F 8:30 a. m. to 5:00 p. m.
Oceana HUB Center 2 Calle Acerina Caguas, PR 00725	M-F 8:30 a. m. to 5:00 p. m.
CoSpazio 53 Calle Las Palmeras, 4th Floor San Juan, PR 00901	M-F 8:30 a. m. to 5:00 p. m.

Proofs of Claim sent by facsimile, telecopy, or electronic mail transmission will not be accepted; provided, however, they may be submitted through Prime Clerk's website: <https://cases.primeclerk.com/puertorico/EPOC-Index>.

Section 7 – Additional Information

The Debtors' Creditor Lists and the Bar Date Order may be downloaded and examined free of charge from the Claims Agent website, <https://cases.primeclerk.com/puertorico/>. Any creditor that relies on the Debtors' Creditor Lists bears responsibility for determining that its Claim is accurately listed therein.

If you require additional information regarding this Notice, you may contact the Claims Agent at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or by email at puertoricoinfo@primeclerk.com.

Additional information regarding the claims filing process is also available on the website for the statutory creditors' committee appointed in the Title III cases at www.creditorspr.com, www.prcreditorscommittee.com, or www.comitedeacreedoresdePR.com.

Dated: February 15, 2018

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[logo:] ASR

Government of Puerto Rico
GOVERNMENT AND JUDICIARY EMPLOYEES'
RETIREMENT SYSTEMS ADMINISTRATION
PO BOX 42003 • SAN JUAN, PR 00940-2203

November 2, 2011

CARMEN M. RUIZ DIAZ
URB VILLA DEL SOL
A 5 CALLE 1
JUANA DIAZ, PR 00795

XXX-XX-8057

Request No.: 382457
Filed on: Sep 20, 2011

Dear Pensioner: RUIZ

We refer here to the certification sent for reimbursement of the employer contribution paid to your FIRST MEDICAL plan for the month of MARCH TO JUNE 2011.

Said certification is returned due to the following:

You are not named as pensioner in this system.

The name does not match the social security number (_____).

The effective date of your pension, you must claim this month with the agency.

The certification does not indicate the social security number needed for this process.

The signature is a copy and must be in original for this process.

It is not admissible because the month claimed was paid to the medical plan.

The certification does not have the logo of the medical plan.

On _____, check _____ was paid to you in the amount of _____.

Other _____.

Should you have any questions or concerns, please call (787) 754-4545, extensions 4085 or 4158.

Cordially,

[signature]

Erika Birriel Figueroa
SIP-MEDICAL PLANS SECTION

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PPR-442
Rev. 5-77

COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO

March 18, 2011
Date

RE: Carmen M. Ruiz Diaz
Civil S.S. [redacted]
Ponce Region

MEMORANDUM: Payroll and Leave Divisions

FROM: [signature]
Yadira Rivera Pabón, Director
Employee Retirement Services
Division

SUBJECT: SEPARATION BEING PROCESSED FOR
Pension Resignation
March 15, 2011

For the corresponding action you are hereby notified that the above employee is currently undergoing the separation process in the circumstances indicated below. Please withhold their paycheck corresponding to this month until further notice.

[ink stamp, partially cancelled]

[signature]
[handwritten:] 3/18/2011

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[handwritten text, illegible]

PAYROLL DIVISION EVALUATION AND VERIFICATION SHEET

Name [handwritten:] *Carmen Ruiz Diaz* Social Security _____ [redacted]

Start Date _____ Series [handwritten:] *10-814067*

Employee works at [handwritten text, illegible] Position belonging to [handwritten, illegible]

Position held [handwritten:] *Secretary I* Number [handwritten:] *14034*

Current wage [handwritten:] *\$901.00*

Scale [handwritten:] *4* Type _____ Retirement B\$ *65.36* \$56.00

Verification at the Payroll Division (Date) [handwritten:] */illegible May 2, 1996*

Person providing the information [handwritten:] *Jorge from Payroll Division*

Difference _____

Proposed wage [handwritten:] *\$1,010.00*

Difference [handwritten:] *\$109.00*

Scale [handwritten:] *11* Type [handwritten:] *6I* Retirement B\$ *74.38* \$1065 [illegible]

Recommended merit-based steps _____

Act 89 _____

[handwritten:] *Promotion to position #13966 Admin. Assistant I [illegible]*

Evaluation (calculations)

[handwritten:] *Current wage \$901.00* Maximum steps granted in the [illegible]

Scale 4

\$929.00

902.00

\$27.00 [illegible]

I certify that the above case was worked on by:

[handwritten:] *Erilda Vera Avilés*

Name of employee

[handwritten:] *Personnel [illegible] II*

Position

Scale 11

1	2	3	4	5	6
<i>952.00</i>	<i>981.00</i>	<i>1010.00</i>	<i>27</i>	<i>[signature]</i>	Signature

<i>- 925.00</i>	<i>- 952.00</i>	<i>- 981.00</i>	<i>29</i>	<i>[handwritten:] May 2, 1996</i>	
-----------------	-----------------	-----------------	-----------	-----------------------------------	--

<i>27.00</i>	<i>\$29.00</i>	<i>\$29.00</i>	<i>\$85.00</i>		Date
--------------	----------------	----------------	----------------	--	------

<i>\$901.00</i>					
-----------------	--	--	--	--	--

<i>85.00</i>					
--------------	--	--	--	--	--

\$1010.00

[illegible] = \$1,010.00 [illegible] wage - 901.00
109.00 difference

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[handwritten:] *Letter [illegible]*

Pay raises

And

Scales

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[handwritten:] *I referred to Zaraida Sánchez in
order to proceed according to regulation*
[signature]

[handwritten:] *Honorable Commission
Police of P.R.*

*I am respectfully addressing you receive your permission so that I can be given my personal file.
I only need the file for my administrative documents [illegible]*

*I kindly request a positive response to my request. I cannot conclude without telling you how
proud I always felt that I belonged to this honorable corps, of which I still feel part.*

*I thank you for your prompt attention. I am supposed to have the
[illegible] before July 29.*

Cordially,

[signature] *Carmen Milagros Ruiz Diaz*

[illegible] 939-383-1622

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[handwritten:] *Letter [illegible]*

Pay raises

And

Scales

[largely illegible handwriting appearing to be in English:]

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Attached 4 expedients of
Modified Claims 410
to be evaluated and copy

Solutions

efm

- 1- Cecilia María Gómez
- 2- Cecilia Villegas Gómez
- 3- William Gómez (deceased)
represented by Ana Beatriz Vazquez
- 4- Zulma I. Gómez Diaz

Sign for Cecilia
Villegas _____

Cecilia Villegas Gómez
Angeles P. L.

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2021/07/20

[handwritten:] *I referred to Zaraida Sánchez in
order to proceed according to regulation*
[signature]

[handwritten:] *Honorable Commission
Police of P.R.*

*I am respectfully addressing you to receive your permission so that I can be given my personal
file. I only need the file for my administrative documents [illegible]*

*I kindly request a positive response to my request. I cannot conclude without telling you how
proud I always felt that I belonged to this honorable corps, of which I still feel part.*

*I thank you for your prompt attention. I am supposed to have the
[illegible] before July 29.*

Cordially,

[signature] *Carmen Milagros Ruiz Diaz*

[illegible] 939-383-1622

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
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[handwritten:] *Appointed Commissioner Police of P.R.*

*I authorize Carmen Milagros Ruiz Diaz to receive my file with control [illegible] due to
the fact that I will not be present.*

I thank you sincerely for your help.

[illegible] on hand before July 29

Sincerely,

[signature] *Carmen Maria Ruiz Diaz*

[illegible] sister

939-383-1622

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Toledo announces classification payments

MARIBEL HERNÁNDEZ EARLY REPORT	classification compensation interrupts it. THE SUPERINTENDENT of the police, Pedro Toledo Dávila, met yesterday with the agency's civilian personnel to announce that beginning this pay period, they will receive payment of the first stage of the classification and compensation plan that was signed on Thursday, before the electoral ban took effect.	and plan Toledo Dávila is awaiting a decision from the Management and Budget Office (OGP, in Spanish) to find out whether they will grant the \$14 million necessary for full implementation of the plan, which would represent an average increase of \$142 in the salaries of civilian employees.	of the Headquarters. He also noted that 85 percent of the agency's budget is used for salary payments. One of the concerns raised by the civilian employees during the meeting is whether the raise and the classification of the 24 career scales and the nine would be honored by the new administration taking the helm in January. Toledo Dávila explained this is why he signed the compensation plan on Thursday before the electoral ban, because the agreement is law and it will have to be honored.	changes, it is part of the government's policy commitment", Toledo Dávila observed, and his expression earned applause from the audience. Another issue raised referred to when they would receive their new position classification and the term required by law to appeal their classification, if necessary, with the Personnel Administration System Appeals Board (JASAP, in Spanish). In turn, Toledo Dávila clarified that the pay raise will include the civilian employees assigned to the Office of the Commissioner for Safety and Protection regardless of the position held.
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[other newspaper articles and advertisements, partially truncated]

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Wages increased for police civilian workers

By Tomás de Jesús Mangual Editor – EL VOCERO	The Police's civilian employees have historically been the worst paid among all government agencies, and the raises were announced after these employees make the decision to unionize to demand pay raises and better working conditions, like those that their colleagues, i.e., police officers, currently enjoy.	The mobile AEMEAD center	equipment that allows modulation with all security and public safety agencies, eight stations to install and operate the same number of laptop computers, apart from the fact that the unit can operate in any weather conditions. The Command Post will be used as a center for public education, as it will be brought to different points on the island to explain to the community and work and function of this government agency.
Police Superintendent Pedro Toledo Dávila announced Friday that the more than two thousand police civilian workers will begin to receive a \$300 monthly raise in their paychecks retroactively to September 7. Toledo Dávila expressed this minutes before inaugurating the agency's first mobile command center together with Miguel A. Santino, executive director of the State Emergency Management Agency (AEMEAD). Regarding the pay raises for civilian employees of the Police, Toledo Dávila claimed to have some \$4 million given by the Budget Office to honor these raises, which according to him would result in these employees' pay being raised to over \$842.00 per month.	As Toledo Dávila explained to several hundred civilian employees that met with him in the auditorium of the Police Headquarters, they will begin to receive the pay raise in their next paychecks in the amount of \$150 twice monthly. The Superintendent finished by saying, "[W]e are expecting OCAP to give us a \$12 million loan to implement among civilian employees the classification plan that will result in larger pay raises", while offering the "good news" to these employees on Friday.		

[unrelated newspaper notice, partially truncated]

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Commonwealth of P.P.
Claims Processing Center
40 Penn Clark LLC
850 Second Avenue, Suite 412
Brooklyn, NY 11232

June 27, 2018

To whom it may concern

Attached are documents to claims processing
center to be evaluated

Not all cell documents, printed, but
necessary to convince that the Agency
have debt payment to the employee
but we tried to demonstrate that
debt.

The calculation of the bills
is about years that Agency do
not have money to pay low by low.

The Superintendents and other staff
of the Agency can't afford that.
But we can try to send
first copies to demonstrate that debts
Commonwealth of P.P. Thank to help us with
this reason 410

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

In re:

THE FINANCIAL OVERSIGHT AND
MANAGEMENT BOARD FOR PUERTO RICO,

as representative of

THE COMMONWEALTH OF PUERTO RICO, *et al.*

Debtors.

PROMESA
Title III

Case No. 17 BK 3283-LTS

(Jointly Administered)

May

NOTICE OF DEADLINES FOR FILING PROOFS OF CLAIM

**TO ALL CREDITORS OF THE DEBTORS, AND TO OTHER PARTIES IN INTEREST,
PLEASE TAKE NOTICE OF THE FOLLOWING:**

The Financial Oversight and Management Board for Puerto Rico (the “Oversight Board”) has filed voluntary petitions under section 304(a) of *Puerto Rico Oversight, Management, and Economic Stability Act (“PROMESA”)*,¹ initiating Title III cases under PROMESA (each, a “Title III Case” and collectively, the “Title III Cases”) for the debtors listed below (each, a “Debtor” and collectively, the “Debtors”). You may be a creditor of one of the Debtors, and you may be required to file a proof of claim (“Proof of Claim”).

A list of the names of the Debtors, their case numbers, and the commencement date of the Debtors’ Title III Cases is as follows:

Title III Cases	Federal Tax ID No.	Case No.	Commencement Date
Commonwealth of Puerto Rico	3481	17 BK 3283	May 3, 2017
Puerto Rico Sales Tax Financing Corporation (“ <u>COFINA</u> ”)	8474	17 BK 3284	May 5, 2017
Employees Retirement System of the Government of the Commonwealth of Puerto Rico (“ <u>ERS</u> ”)	9686	17 BK 3566	May 21, 2017
Puerto Rico Highways and Transportation Authority (“ <u>HTA</u> ”)	3808	17 BK 3567	May 21, 2017
Puerto Rico Electric Power Authority (“ <u>PREPA</u> ”)	3747	17 BK 4780	July 2, 2017

² PROMESA is codified in Title 48, articles 2101-2241 of the United States Code (U.S.C.)

Note: The next 20 pages contain the same document in Spanish and in English. Some missing content in English has been inserted by copying from other sections of the document, resulting in additional pages.

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IMPORTANT LEGAL NOTICE TO PENSION, RETIREE, AND EMPLOYEE CLAIMANTS

The United States District Court for the District of Puerto Rico entered an order (the "Bar Date Order") establishing a deadline for creditors to assert claims against any of the following title III debtors: (i) the Commonwealth of Puerto Rico; (ii) the Employees Retirement System of the Government of the Commonwealth of Puerto Rico; (iii) the Puerto Rico Highways and Transportation Authority; (iv) the Puerto Rico Sales Tax Financing Corporation; and (v) the Puerto Rico Electric Power Authority.

Pursuant to the Bar Date Order, you are not required to file a proof of claim with respect to any claims you have for accrued pensions and any and all other post-retirement benefits due to you ("Pension Benefits"). However, to the extent you have a claim that is not for Pension Benefits against any of the Title III Debtors listed above, then you should file a proof of claim with respect to such claim on or before 4:00 p.m. (Atlantic Standard Time) on May 29, 2018 to avoid disallowance of such claim.

In addition, as an employee, furloughed employee, or former employee you are not required to file a proof of claim for any for compensation and employment benefits, including, without limitation, wages, salaries, employee medical benefits and/or insurance benefits, or worker's compensation claims, but must file claims asserted or to be asserted in any lawsuit or administrative proceeding based on tort or non-employment-related common law, statutory law, or regulations, even where such claims assert as damages an entitlement to wages, salaries, employee medical benefits and/or insurance benefits;

Finally, you are not required to file a claim limited to obligations due under a collective bargaining agreement, including but not limited to grievances, or claims arising from current or former employment relationship with the Commonwealth; however, if you assert a claim for one or more grievances that have been resolved and liquidated by settlement or arbitration award as of February 28, 2018, you must file a claim.

All documents filed in the Title III Cases, including the Bar Date Order and the Proof of Claim Form, are available, free of charge, by accessing the website <https://cases.primeclerk.com/puertorico/>. Additional information for retirees is available at www.porturetiro.com.

de
en

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INFORMACIÓN GENERAL: PUNTOS CLAVE

- Este documento es un aviso legal con respecto a los Casos en virtud del Título III de los Deudores (mencionados anteriormente). El documento se enviará a todas las partes con las cuales los Deudores posiblemente tengan deudas en dinero (conocidas como "acreedores").
- En la información general de esta página, se describen los términos clave del documento. Lea detenidamente todo el documento para obtener más detalles.**
- En los procedimientos según el Título III conforme a la ley PROMESA, es probable que se les exija a los acreedores que presenten formularios de evidencia de reclamaciones que indiquen el monto adeudado hasta el día en que se presentó el procedimiento según el Título III. En este documento, se explica cómo presentar sus reclamaciones.
- A muchos acreedores de Casos en virtud del Título III no se les exige presentar una reclamación.** En este documento, se indica quiénes deben presentar una reclamación y quiénes no deben presentarla. **Consulte la Sección 2 de este documento para obtener una lista completa de las partes que no deben presentar una reclamación.**
- Si a usted no se le exige presentar una reclamación, no es necesario que complete y devuelva un formulario de evidencia de reclamación,** y seguirá manteniendo sus derechos de votar con respecto a un plan de ajuste y recibir pagos en virtud del plan. Un plan de ajuste es un documento en el que se explica la manera en que un Deudor propone pagar los montos adeudados a sus acreedores. Una vez presentado, este plan estará disponible para que lo revisen los acreedores. En una fecha posterior, se determinará quién votará en el plan. El monto que puede recibir en virtud del plan también se determinará más adelante.
- Si debe presentar una reclamación en contra de alguno de los Deudores,** debe hacerlo antes del 29 de mayo de 2018 a las 4:00 p. m., hora del Atlántico. Con este documento, se proporciona un formulario que puede usar para presentar su reclamación.
- Las reclamaciones pueden presentarse (a) de manera electrónica, realizando la presentación en el sitio web del Agente de reclamaciones en <https://cases.primeclerk.com/puertorico/EPOC-Index>, o (b) por correo postal o entrega personalmente en las direcciones indicadas en la Sección 6 de este documento.
- Si, después de leer este documento, necesita información adicional sobre este Aviso, puede comunicarse con el Agente de reclamaciones al (844) 822-9231 (línea gratuita para los EE. UU y Puerto Rico) o al (646) 486-7944 (para llamadas internacionales), de 10:00 a. m. a 7:00 p. m. (hora del Atlántico) (disponible en español), o por correo electrónico a la dirección puertoricoinfo@primeclerk.com. Tenga en cuenta que las personas que responden las llamadas no pueden brindar asesoramiento legal. Si tiene preguntas sobre sus derechos legales, entre ellos, si necesita presentar una reclamación, debe hablar con un abogado.

AVISO LEGAL IMPORTANTE PARA RECLAMANTES PENSIONISTAS, JUBILADOS Y EMPLEADOS

El Tribunal de Distrito de los Estados Unidos para el Distrito de Puerto Rico emitió una resolución (la "Orden de fechas límite") que establece un plazo para que los acreedores aleguen reclamaciones en contra de cualquiera de los siguientes Deudores según el Título III: (i) Estado Libre Asociado de Puerto Rico, (ii) el Sistema de Retiro de los Empleados del Gobierno de la Commonwealth de Puerto Rico, (iii) la Autoridad de Carreteras y Transportación de Puerto Rico, (iv) la Corporación del Fondo de Interés Apremiante de Puerto Rico y (v) la Autoridad de Energía Eléctrica de Puerto Rico.

De conformidad con la Orden de fechas límite, a usted no se le exige presentar una evidencia de reclamación con respecto a las reclamaciones que tiene por pensiones acumuladas y cualquier otro beneficio posterior a la jubilación que se le adeude ("Beneficios de pensiones"). Sin embargo, en caso de tener una reclamación que no sea por Beneficios de pensiones en contra de alguno de los Deudores según el Título III mencionados anteriormente, entonces, debe presentar una evidencia de reclamación con respecto a dicha reclamación a las 4:00 p.m. (hora estándar del Atlántico) del 29 de mayo de 2018, o con anterioridad, para evitar que se rechace dicha reclamación.

Además, como empleado, empleado con licencia o empleado. no se le exige presentar una evidencia de reclamación para indemnizaciones y beneficios de empleo, incluidos, entre otros, los sueldos, salarios, beneficios médicos para empleados, o beneficios de seguros o reclamaciones de indemnización por accidentes laborales, sino que debe presentar las reclamaciones que se alegaron o se alegarán en una causa judicial o un procedimiento administrativo por agravio o por derecho consuetudinario, derecho estatutario o reglamentaciones no relacionadas con el empleo, incluso cuando dichas reclamaciones se aleguen como daños o derecho a recibir sueldos, salarios, beneficios médicos para empleados o beneficios de seguros.

Finalmente, no se le exige presentar una evidencia de reclamación que se limita a obligaciones en virtud de un convenio colectivo de trabajo, incluidas, entre otras, las quejas o reclamaciones que surgen de la relación laboral actual o anterior con el Estado; sin embargo, si alega una reclamación por una o más quejas que se resolvieron y liquidaron mediante un arreglo o laudo arbitral al 28 de febrero de 2018, debe presentar una evidencia de reclamación.

Todos los documentos presentados en los Casos en virtud del Título III, incluida la Orden de fechas límite y el Formulario Evidencia de Reclamación, están disponibles sin cargo en el sitio web <https://cases.primeclerk.com/puertorico/>. Para obtener información adicional para jubilados, ingrese en www.porturetiro.com.

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Sección 5. Qué se debe presentar

SI ALEGARÁ UNA RECLAMACIÓN EN CONTRA DE MÁS DE UN DEUDOR, DEBE PRESENTAR EVIDENCIAS DE RECLAMACIONES SEPARADAS EN CONTRA DE CADA DEUDOR Y DEBE IDENTIFICAR EN SU EVIDENCIA DE RECLAMACIONES EL DEUDOR ESPECÍFICO EN CONTRA DEL CUAL SE ALEGA SU RECLAMACIÓN Y EL NÚMERO DE CASO DEL CASO EN VIRTUD DEL TÍTULO III DE ESE DEUDOR.

Cada Evidencia de reclamación, para presentarse correctamente de conformidad con este Aviso, deberá: (i) estar escrita en inglés o en español; (ii) estar denominada en moneda de curso legal de los Estados Unidos a la fecha de inicio del Caso pertinente en virtud del Título III; (iii) establecer específicamente el fundamento legal y fáctico de la reclamación alegada; (iv) incluir una copia de la documentación de respaldo (o, si esta documentación es demasiado extensa, debe adjuntar un resumen de dicha documentación) o una explicación de por qué la documentación no está disponible, y la documentación, el resumen o la explicación deben proporcionarse en inglés o en español; (v) incluir una firma original o electrónica del reclamante o un representante autorizado del reclamante, y (vi) respetar sustancialmente el Formulario de evidencia de reclamaciones aprobado por la Orden de fechas límite. Si presenta un resumen de la documentación de respaldo porque es muy extensa, debe enviar esta documentación (a) al Agente de reclamaciones y (b) al Deudor pertinente en un plazo de diez días posteriores a la fecha de una solicitud escrita de dichos documentos por parte de los Deudores.

El Formulario de evidencia de reclamaciones se puede obtener, así como presentar, en el sitio web que establece y mantiene el Agente de reclamaciones en <https://cases.primeclerk.com/puertorico/>.

Sección 6. Dónde y cómo realizar la presentación

Todas las Evidencias de reclamaciones, salvo que se indique lo contrario o se eximan específicamente en la sección 2 incluida anteriormente, deberán presentarse ante el Agente de reclamaciones y avisos, Prime Clerk LLC, (el “Agente de reclamaciones”) de conformidad con los procedimientos descritos en el presente documento para que se reciban efectivamente en la Fecha límite correspondiente o con anterioridad, según la naturaleza de la reclamación.

Las Evidencias de reclamaciones pueden presentarse a través de cualquiera de los siguientes métodos:

- (i) Completar la Evidencia de reclamaciones en formato electrónico en el sitio web del Agente de reclamaciones en <https://cases.primeclerk.com/puertorico/EPOC-Index>.
- (ii) Realizar el envío por servicio de correo “first class” a la siguiente dirección: Commonwealth of Puerto Rico, Claims Processing Center, c/o Prime Clerk LLC, Grand Central Station, PO Box 4708, New York, NY 10163-4708.
- (iii) Enviar mediante servicio de correo “overnight” a la siguiente dirección: Commonwealth of Puerto Rico, Claims Processing Center, c/o Prime Clerk, LLC, 850 Third Avenue, Suite 412, Brooklyn, NY 11232.
- (iv) Realizar la entrega personalmente en cualquiera de las siguientes ubicaciones: (a) Commonwealth of Puerto Rico, Claims Processing Center, c/o Prime Clerk, LLC, 850 Third Avenue, Suite 412, Brooklyn, NY 11232, o (b) las direcciones de Commonwealth que se indican a continuación, disponibles durante las fechas y los horarios señalados:

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reclamaciones que se alegaron o se alegarán en una causa judicial o un procedimiento administrativo sobre la base de agravio o derecho consuetudinario, derecho estatutario o reglamentaciones no relacionados con el empleo, incluso cuando dichas reclamaciones se alegan como daños o derecho a recibir sueldos, salarios, beneficios médicos para empleados o beneficios de seguros.

- H. Reclamaciones de miembros de sindicatos individuales: cualquier persona o entidad titular de una reclamación se limita a obligaciones en virtud de sus respectivos convenios colectivos de trabajo, incluidas, entre otras, las quejas o reclamaciones que surgen de su relación laboral actual o anterior con Commonwealth; sin embargo, dicho titular debe alegar (i) una reclamación que no esté exceptuada, de alguna otra manera, de la presentación de una evidencia de reclamaciones según los párrafos A a O de esta sección o (ii) una reclamación por una queja que se resolvió y liquidó mediante un arreglo o laudo arbitral al 28 de febrero de 2018. y, para ello, debe presentar una evidencia de reclamaciones con respecto a la reclamación en la Fecha límite general o con anterioridad para evitar el rechazo de la otra reclamación.
- I. Reclamaciones de tenedores de bonos individuales que surgen de bonos que no tienen un fiduciario, agente fiscal, o agente o designado similares: cualquier persona o entidad titular de una reclamación que se limita al pago de capital, intereses y otros montos que pueden surgir conforme al respectivo acuerdo de fideicomiso o documento del bono que no estipulan un fiduciario, agente fiscal, o agente o designado similares que podrían presentar una Evidencia de reclamaciones principal; sin embargo, dicho titular debe alegar una reclamación que no esté exceptuada, de alguna u otra manera, de la presentación de una evidencia de reclamaciones según los párrafos A a O de esta sección, para lo cual debe presentar una evidencia de reclamaciones con respecto a esta otra reclamación en la Fecha límite general o con anterioridad para evitar el rechazo de la otra reclamación.
- J. Reclamaciones de tenedores de bonos individuales cubiertos por evidencias de reclamaciones principales de deudas en bonos presentadas oportunamente: cualquier persona o entidad titular de una reclamación que se limita al pago de capital, intereses y otros cargos y gastos, en la medida en que el fiduciario, agente fiscal, o agente o designado similares pertinentes presenten una Evidencia de reclamaciones principal de una deuda en bonos en contra del Deudor pertinente en la Fecha límite general o con anterioridad en concepto de todas las reclamaciones en forma de bonos en contra del Deudor pertinente en virtud del respectivo acuerdo de fideicomiso o documento del bono; sin embargo, dicho titular debe alegar una reclamación que no esté exceptuada, de alguna u otra manera, de la presentación de una evidencia de reclamaciones según los párrafos A a O de esta sección, para lo cual debe presentar una evidencia de reclamaciones con respecto a esta otra reclamación en la Fecha límite general o con anterioridad para evitar el rechazo de la otra reclamación.
- K. Reclamaciones de prestamistas de contratos de préstamos individuales: cualquier persona o entidad titular de una reclamación que se limita al pago de capital, intereses y otros cargos y gastos, en la medida en que el agente pertinente, si existiera, presente una Evidencia de reclamaciones principal por un contrato de préstamo en contra del Deudor pertinente en la Fecha límite general o con anterioridad en concepto de todas las reclamaciones del prestamista en contra del Deudor pertinente conforme al respectivo contrato de préstamo; sin embargo, dicho titular debe alegar una reclamación que no esté exceptuada, de alguna u otra manera, de la presentación de una evidencia de reclamaciones según los párrafos A a O de esta sección, para lo cual debe presentar una evidencia de

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Ubicaciones de Commonwealth donde se acepta la entrega personalmente de las Evidencias de reclamaciones Todas las ubicaciones están abiertas desde el 27 de febrero de 2018 al 29 de mayo de 2018 (excepto los fines de semana y los feriados judiciales)		
Dirección	Horarios (AST)	
José V. Toledo Federal Building & US Courthouse Clerk's Office 300 Calle Recinto Sur San Juan, PR 00901	De lun. a vier. de 8:00 a. m. a 5:00 p. m.	
Federico Degetau Federal Building and Clemente Ruiz Nazario U.S. Courthouse Clerk's Office 150 Avenida Carlos Chardón San Juan, Puerto Rico, 00918-1767	De lun. a vier. de 8:30 a. m. a 4:30 p. m.	
MCS Building, Suite 222 A Bankruptcy Court Clerk's Office 880 Avenida Tito Castro Ponce, PR 00716-4732	De lun. a vier. de 8:00 a. m. a 5:00 p. m.	
Aerotek Añasco Bianca Convention Center Carr 2 KM 143, Suite 3 Añasco, PR 00610	De lun. a vier. de 8:30 a. m. a 5:00 p. m.	
Oceana HUB Center 2 Calle Acerina Caguas, PR 00725	De lun. a vier. de 8:30 a. m. a 5:00 p. m.	
CoSpazio 53 Calle Las Palmeras, 4to Piso San Juan, PR 00901	De lun. a vier. de 8:30 a. m. a 5:00 p. m.	

No se aceptarán las Evidencias de reclamaciones enviadas por facsímil, telecopia o transmisión por correo electrónico; **sin embargo, pueden** enviarse a través del sitio web de Prime Clerk: <https://cases.primeclerk.com/puertorico/EPOC-Index>.

Sección 7. Información adicional

Las Listas de acreedores de los Deudores y la Orden de fechas límite pueden descargarse y revisarse sin cargo en el sitio web del Agente de reclamaciones <https://cases.primeclerk.com/puertorico/>. Todo acreedor que se base en las Listas de acreedores de los Deudores asume la responsabilidad de determinar que su reclamación figure correctamente en dichas listas.

Si necesita información adicional sobre este Aviso, puede comunicarse con el Agente de reclamaciones al (844) 822-9231 (línea gratuita para los EE. UU y Puerto Rico) o al (646) 486-794 (para llamadas internacionales), de 10:00 a. m. a 7:00 p. m. (hora del Atlántico) (disponible en español), o por correo electrónico a la dirección puertoricoinfo@primeclerk.com.

También se encuentra disponible información adicional sobre el proceso de presentación de reclamos en el sitio web para el comité de acreedores estatutarios designado en los casos del Título III en www.creditorspr.com, www.prcreditorscommittee.com o www.comitedeacreedoresdePR.com.

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reclamaciones con respecto a esta otra reclamación en la Fecha límite general o con anterioridad para evitar el rechazo de la otra reclamación.

- L. **Reclamaciones intergubernamentales**: (i) cualquier municipio, departamento u organismo de Commonwealth que no sea un Deudor ni un “organismo territorial cubierto” (según se define en la ley PROMESA) que alegue una reclamación en contra de un Deudor por un monto menor que \$200 millones, o (ii) cualquier Deudor u “organismo territorial cubierto”. A fin de disipar dudas, cualquier entidad descrita en la cláusula anterior (i) que alegue una reclamación en contra de un Deudor igual o superior a \$200 millones debe presentar una evidencia de reclamaciones con respecto a dicha reclamación en la Fecha límite general o con anterioridad para evitar el rechazo de dicha reclamación.
- M. **Gastos administrativos**: cualquier titular de una reclamación permisible en virtud de los artículos 503(b) y 507(a)(2) del Código de Quiebras como gasto administrativo (que no sea una reclamación en virtud del artículo 503(b)(9) del Código de Quiebras).
- N. **Evidencias de reclamaciones con plazos independientes**: cualquier titular de una reclamación para el cual este Tribunal fije o haya fijado un plazo independiente.
- O. **Reclamaciones administrativas de profesionales**: profesionales que alegan reclamaciones administrativas por honorarios y gastos sujetos a la aprobación del Tribunal de conformidad con el artículo 316 de la ley PROMESA.

Sin embargo, en caso de que el Tribunal de Distrito fije una fecha antes de la cual deban presentarse las reclamaciones descritas anteriormente en los párrafos A a O, usted recibirá oportunamente una notificación de dicha fecha límite.

Sección 3. Quiénes DEBEN presentar Evidencias de reclamaciones

Usted **DEBE** presentar una **Evidencia de reclamaciones** para votar en cualquier plan de ajuste presentado por la Junta de Supervisión en nombre de los Deudores o para participar en las distribuciones de los Deudores si tiene una reclamación que surgió antes de las fechas de inicio y que no corresponde a uno de los tipos de reclamaciones descritos anteriormente en los párrafos A a O de la Sección 2.

Un titular de una posible reclamación en contra de los Deudores debe consultar con un abogado si tiene preguntas relacionadas con este Aviso, entre ellas, si dicho titular debe presentar una Evidencia de reclamación.

Sección 4. Consecuencias de no presentar una Evidencia de reclamaciones antes de la Fecha límite correspondiente

A TODO TITULAR DE UNA RECLAMACIÓN QUE NO ESTÉ EXIMIDA DE LOS REQUISITOS DE LA ORDEN DE FECHAS LÍMITE, TAL COMO SE INDICÓ ANTERIORMENTE EN LOS PÁRRAFOS A-O DE LA SECCIÓN 2, Y QUE NO PRESENTE DE MANERA OPORTUNA UNA EVIDENCIA DE RECLAMACIONES EN EL FORMULARIO APROPIADO SE LE PROHIBIRÁ A PERPETUIDAD (SALVO QUE EL TRIBUNAL RESUELVA LO CONTRARIO) ALEGAR DICHA RECLAMACIÓN EN CONTRA DE LOS DEUDORES, VOTAR EN CUALQUIER PLAN DE AJUSTE PRESENTADO EN ESTOS CASOS EN VIRTUD DEL TÍTULO III Y PARTICIPAR DE CUALQUIER DISTRIBUCIÓN EN ESTOS CASOS EN VIRTUD DEL TÍTULO III EN CONCEPTO DE DICHA RECLAMACIÓN.

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Sección 1. Las Fechas límite

El 15 de febrero de 2018, el Tribunal de Distrito de los Estados Unidos para el Distrito de Puerto Rico (el “Tribunal de Distrito”) emitió una resolución (la “Orden de fechas límite”) para los Casos en virtud del Título III mencionados anteriormente de conformidad con la Norma de quiebra 3003(c) en la que se establecen los siguientes plazos para presentar Evidencias de reclamaciones (en conjunto, las “Fechas límite”):

- (a) **Fecha límite general**: **4:00 p. m. (hora estándar del Atlántico) del 29 de mayo de 2018**. Este es el plazo (la “Fecha límite general”) para presentar evidencias de reclamaciones (según se definen en el artículo 101(5) del Código de Quiebras), en contra de los Deudores en concepto de (i) reclamaciones que surgieron o se considera que surgieron antes de las respectivas fechas de inicio de los Casos en virtud del Título III, incluidos, a fin de disipar dudas, reclamaciones en forma de bonos y reclamaciones que surgieron de conformidad con el artículo 503(b)(9) del Código de Quiebras, y (ii) reclamaciones alegadas por entidades gubernamentales (según se definen en el artículo 101(27) del Código de Quiebras).
- (b) **Fecha límite de rechazos**: salvo que se estipule lo contrario en alguna orden que autorice el rechazo de un contrato de ejecución pendiente o un arrendamiento vigente, las **4:00 p. m. (hora estándar del Atlántico) de la fecha que sea posterior entre (i) la Fecha límite general y (ii) el primer día hábil después de los treinta y cinco (35) días calendario posteriores a la emisión de la orden por parte del Tribunal que autorice dicho rechazo** es el plazo para que una parte del contrato de ejecución pendiente o arrendamiento vigente rechazados presente evidencias de reclamaciones relacionadas con el rechazo de dicho contrato o arrendamiento (la “Fecha límite de rechazos” y, junto con la Fecha límite general, las “Fechas límite”).
- (c) **Fecha límite si se modifica o complementa la Lista de acreedores**: si, una vez entregado el Aviso de la Fecha límite, algún Deudor (a) modifica su respectiva Lista de acreedores para reducir una reclamación o cambiar la clasificación, naturaleza o caracterización de una reclamación, o (b) complementa su respectiva Lista de acreedores, dicho Deudor deberá notificar sobre cualquier modificación o complemento a los titulares de las reclamaciones reducidas o modificadas por estos cambios, e informarles a estos titulares que tendrán hasta (i) la **Fecha límite general** y (ii) **treinta y cinco (35) días desde la fecha de dicho aviso**, la fecha que sea posterior, para presentar una evidencia de reclamación o una evidencia de reclamación modificada, si corresponde, o se les prohibirá hacerlo.

Según su uso en este Aviso, una “reclamación”, tal como se define en el artículo 101(5) del Código de Quiebras, siempre que surge, incluye, en cada caso, cualquier reclamación en contra de alguno de los Deudores basado en la responsabilidad primaria, secundaria, directa, indirecta, fija, garantizada, no garantizada, eventual, asegurada, impugnada, no impugnada, liquidada, no liquidada, vencida, no vencida, legal o conforme al sistema del Equity de los Deudores o de alguna otra manera, incluidos, a fin de disipar dudas, las reclamaciones que surjan de conformidad con el artículo 503(b)(9) del Código de Quiebras (cada uno de ellos, una “Reclamación”).

OVERVIEW – KEY POINTS

- This document is a legal notice concerning the Title III Cases of the Debtors (listed above). This document is being sent to all parties that may be owed money by the Debtors (known as “creditors”).
- **The Overview on this page describes the key terms of this document. Please read the entire document carefully for further details.**
- In a Title III proceeding under PROMESA, creditors may be required to file claim forms stating the amount of money owed to them as of the day the Title III proceeding was filed. This document explains how to file claims.
- **Many creditors in the Title III Cases are not required to file a claim.** This document explains who is required to file a claim and who is not required to file a claim. **Please see Section 2 of this document for a complete list of parties not required to file a claim.**
- **If you are not required to file a claim, you do not need to complete and return a claim form**, and you will still keep your rights to vote on a plan of adjustment and receive payments under the plan. A plan of adjustment is a document that explains how a Debtor proposes to pay the amounts it owes to its creditors. Once filed, this plan will be available for creditors to review. Who gets to vote on the plan will be determined at a later date. The amount you may receive under the plan also will be determined later.
- **If you are required to file a claim against any of the Debtors**, you must do so by **May 29, 2018 at 4:00 p.m., Atlantic Standard Time**. A form that you may use to file your claim is provided with this document.
- Claims may be filed by (a) electronically filing on the Claims Agent’s website at <https://cases.primeclerk.com/puertorico/EPOC-Index>, or (b) mail or hand delivery to the addresses provided in Section 6 of this document.
- After reading this document, if you require additional information regarding this Notice, you may contact the Claims Agent at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or by email at puertoricoinfo@primeclerk.com. Please note that the people answering the phone number are not able to provide legal advice. If you have questions about your legal rights, including whether you need to file a claim, you should talk to an attorney.

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Section 1 – The Bar Dates

On February 15, 2018, the United States District Court for the District of Puerto Rico (the “District Court”) entered an order (the “Bar Date Order”) in the above-captioned Title III Cases in accordance with Bankruptcy Rule 3003(c) fixing the following deadlines to file Proofs of Claim (collectively, the “Bar Dates”):

- (a) **General Bar Date**: **4:00 p.m. (Atlantic Standard Time) on May 29, 2018**, is the deadline (the “General Bar Date”) for filing proofs of claim (as defined in Bankruptcy Code section 101(5)), against the Debtors on account of (i) claims arising, or deemed to have arisen, prior to the respective commencement dates for their Title III Cases, including, for the avoidance of doubt, bond claims and claims arising under Bankruptcy Code section 503(b)(9), and (ii) claims asserted by governmental units (as defined in Bankruptcy Code section 101(27));
- (b) **Rejection Bar Date**: Except as otherwise set forth in any order authorizing the rejection of an executory contract or unexpired lease, **4:00 p.m. (Atlantic Standard Time) on the date that is the later of (i) the General Bar Date and (ii) the first business day that is thirty-five (35) calendar days after the entry of an order by the Court authorizing such rejection** is the deadline for a party to any such rejected executory contract or unexpired lease to file proofs of claim relating to the rejection of such contract or lease (the “Rejection Bar Date,” and together with the General Bar Date, the “Bar Dates”); and
- (c) **Bar Date if Creditor List is Amended or Supplemented**: If, after the Bar Date Notice is served, any Debtor (a) amends its respective Creditor List to reduce a claim and/or to change the classification, nature or characterization of a claim, or (b) supplements its respective Creditor List, such Debtor shall give notice of any amendment or supplement to the holders of claims reduced or changed thereby, and advise such holders they shall each have until the **later of (i) the General Bar Date and (ii) thirty-five (35) days from the date of such notice** to file a proof of claim, or an amended proof of claim, if applicable, or be barred from so doing.

As used in this Notice, a “claim,” as defined in section 101(5) of the Bankruptcy Code, whenever arising, includes in each case any claims against any of the Debtors based upon the Debtors’ primary, secondary, direct, indirect, fixed, secured, unsecured, contingent, guaranteed, disputed, undisputed, liquidated, unliquidated, matured, unmatured, legal, or equitable liability or otherwise, including, for the avoidance of doubt, claims arising under section 503(b)(9) of the Bankruptcy Code (each, a “Claim”).

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Section 2 – Who Is NOT Required To File a Proof of Claim

THE FACT THAT YOU RECEIVED THIS NOTICE DOES NOT MEAN THAT YOU HAVE A CLAIM AGAINST THE DEBTORS OR THAT THE DEBTORS BELIEVE YOU HAVE A CLAIM.

The following persons and entities are not required to file a Proof of Claim on or before the applicable Bar Date:

- A. **Allowed Claims:** Any person or entity whose claim was previously allowed by an order of this Court entered on or before the applicable Bar Date;
- B. **Paid Claims:** Any person or entity whose claim was paid in full by a Debtor, including claims paid by a Debtor after the commencement date of its respective Title III Case;
- C. **Proofs of Claim Already Filed:** Any person or entity who already properly filed a proof of claim, which substantially conforms to the Proof of Claim Form, in these Title III Cases with the Court or the Debtors' claims and noticing agent;
- D. **Claims Properly Listed and Categorized on Creditor Lists:** Any person or entity whose claim is listed on one of the Creditor Lists and (i) the claim is not listed as "disputed," "contingent," or "unliquidated," (ii) the person or entity does not dispute the amount and nature of the claim as set forth on the applicable Creditor List, and (iii) the person or entity does not dispute that the claim is an obligation of the subject Debtor;
- E. **PREPA Customers:** Customers of PREPA in connection with the disposition of their deposits or any individual billing or service disputes; provided, however, that any such holder must assert a claim not otherwise excepted from filing a proof of claim by Paragraphs A. through O. of this Section by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- F. **Pension Claims:** With respect to pension benefits and any and all other post-retirement benefits, any retiree, active employee, and former employee of a Title III Debtor (including any former employee of a Title III Debtor receiving early pension, financial incentive, or other benefits provided under Act No. 70-2010 or Act No. 211-2015 or similar laws or programs), or any person who is or was a participant in a pension plan administered by a Title III Debtor, and any beneficiary of any the foregoing persons; provided, however, that any such holder must assert a claim not otherwise excepted from filing a proof of claim by Paragraphs A. through O. of this Section by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- G. **Union or Non-Union Employee Claims:** Any union-represented or non-union represented employee, furloughed employee, or former employee for compensation and employment benefits, including, without limitation, wages, salaries, employee medical benefits and/or insurance benefits or workers' compensation claims ("Compensation Claims"); provided, however, that Compensation Claims shall not include claims asserted or to be asserted in any lawsuit or administrative proceeding based on tort or non-employment-related common law, statutory law, or regulation even where such claims assert as damages an entitlement to wages, salaries, employee medical benefits and/or insurance benefits;

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- H. **Individual Union Members' Claims:** Any person or entity that holds a claim limited to obligations due under their respective collective bargaining agreements, including, but not limited to, grievances, or claims arising from their current or former employment relationship with the Commonwealth; provided, however, that any such holder must assert (i) a claim not otherwise excepted from filing a proof of claim by Paragraphs A. through O. of this Section, or (ii) a claim for a grievance that has been resolved and liquidated by settlement or arbitration award as of February 28, 2018, by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- I. **Individual Bondholder Claims Arising From Bonds That Do Not Have an Indenture Trustee, Fiscal Agent, or Similar Agent or Nominee:** Any person or entity that holds a claim that is limited to the repayment of principal, interest and such other amounts that may arise under the respective trust agreement or bond document that does not provide for an indenture trustee, fiscal agent, or similar agent or nominee that could file a Master Proof of Claim; provided, however, that any such holder must assert a claim not otherwise excepted from filing a proof of claim by Paragraphs A. through O. of this Section by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- J. **Individual Bondholder Claims Covered by Timely Filed Bond Master Proof of Claim:** Any person or entity that holds a claim that is limited to the repayment of principal, interest and other fees and expenses, to the extent the relevant indenture trustee, fiscal agent, or similar agent or nominee files a Bond Debt Master Proof of Claim against the relevant Debtor on or before the General Bar Date on account of all bond claims against the relevant Debtor under the respective trust agreement or bond document; provided, however, that any such holder must assert a claim not otherwise excepted from filing a proof of claim by Paragraphs A. through O. of this Section by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- K. **Individual Credit Agreement Lender Claims:** Any person or entity that holds a claim that is limited to the repayment of principal, interest and other fees and expenses, to the extent the relevant agent, if such agent exists, files a Credit Agreement Master Proof of Claim against the relevant Debtor on or before the General Bar Date on account of all lender claims against the relevant Debtor under the respective credit agreement; provided, however, that any such holder must assert a claim not otherwise excepted from filing a proof of claim by Paragraphs A. through O. of this Section by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;
- L. **Inter-Governmental Claims:** (i) Any municipality, department, or agency of the Commonwealth that is not a Debtor or "covered territorial instrumentality" (as defined in PROMESA) asserting a claim against a Debtor in an amount less than \$200 million, or (ii) any Debtor or "covered territorial instrumentality". For the avoidance of doubt, any entity described in the foregoing clause (i) asserting a claim against a Debtor equal to or greater than \$200 million must file a proof of claim with respect to such claim on or before the General Bar Date to avoid disallowance of such claim;

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M. **Administrative Expenses:** Any holder of a claim allowable under Bankruptcy Code sections 503(b) and 507(a)(2) as an administrative expense (other than a claim under Bankruptcy Code section 503(b)(9));

N. **Proofs of Claim with Separate Deadlines:** Any holder of a claim for which a separate deadline is or has been fixed by this Court; and

O. **Professionals' Administrative Claims:** Professionals who assert administrative claims for fees and expenses subject to the Court's approval pursuant to PROMESA section 316;

provided, however, that, should the District Court fix a date by which the Claims described in Paragraphs A. through O. above must be filed, you will be notified of such bar date at the appropriate time.

Section 3 – Who MUST File a Proof of Claim

You **MUST** file a **Proof of Claim** to vote on any plan of adjustment filed by the Oversight Board on behalf of the Debtors or to share in any distributions from the Debtors if you have a Claim that arose prior to the commencement dates and it is not one of the types of Claims described in Paragraphs A. through O. in Section 2 above.

A holder of a possible Claim against the Debtors should consult an attorney if such holder has any questions regarding this Notice, including whether the holder should file a Proof of Claim.

Section 4 – Consequences of Failure to File a Proof of Claim by the Applicable Bar Date

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE REQUIREMENTS OF THE BAR DATE ORDER, AS SET FORTH IN PARAGRAPHS A. THROUGH O. IN SECTION 2 ABOVE, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE FOREVER BARRED (UNLESS OTHERWISE ORDERED BY THE COURT) FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS, FROM VOTING ON ANY PLAN OF ADJUSTMENT FILED IN THESE TITLE III CASES, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THESE TITLE III CASES ON ACCOUNT OF SUCH CLAIM.

Section 5 – What to File

IF YOU ARE ASSERTING A CLAIM AGAINST MORE THAN ONE DEBTOR, SEPARATE PROOFS OF CLAIM MUST BE FILED AGAINST EACH SUCH DEBTOR AND YOU MUST IDENTIFY ON YOUR PROOF OF CLAIM THE SPECIFIC DEBTOR AGAINST WHICH YOUR CLAIM IS ASSERTED AND THE CASE NUMBER OF THAT DEBTOR'S TITLE III CASE.

Each Proof of Claim, to be properly filed pursuant to this Notice, shall: (i) be written in English or Spanish; (ii) be denominated in lawful currency of the United States as of the relevant Title III Case commencement date; (iii) set forth with specificity the legal and factual basis for the asserted claim; (iv) include a copy of the supporting documentation (or, if such documentation is voluminous, you must attach a summary of such documentation) or an explanation as to why such documentation is not available, with such documentation, summary, or explanation being provided in English or Spanish; (v) include an original or electronic signature of the claimant or an authorized agent of the

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claimant; and (vi) substantially conform to the Proof of Claim Form approved by the Bar Date Order. If you file a summary of the supporting documentation because they are voluminous, you must transmit the supporting documentation to (a) the Claims Agent and (b) the applicable Debtor within ten days after the date of a written request by the Debtors for such documents.

The Proof of Claim Form can be obtained, as well as filed, on the website established and maintained by the Claims Agent at <https://cases.primeclerk.com/puertorico/>.

Section 6 – Where and How to File

All Proofs of Claim, except as otherwise provided for or specifically excepted in Section 2 above, shall be filed with the claims and noticing agent, Prime Clerk LLC (the “Claims Agent”) pursuant to the procedures provided herein so as to actually be received on or before the applicable Bar Date, depending upon the nature of the Claim.

Proofs of Claim may be filed through any of the following methods:

- (i) completing the electronic Proof of Claim on the Claims Agent’s website at <https://cases.primeclerk.com/puertorico/EPOC-Index>,
- (ii) if delivered by first class mail, at the following address: Commonwealth of Puerto Rico, Claims Processing Center, c/o Prime Clerk LLC, Grand Central Station, PO Box 4708, New York, NY 10163-4708,
- (iii) if by overnight courier, at the following address: Commonwealth of Puerto Rico, Claims Processing Center, c/o Prime Clerk, LLC, 850 Third Avenue, Suite 412, Brooklyn, NY 11232, or
- (iv) if by hand delivery, at any of the following locations: (a) Commonwealth of Puerto Rico, Claims Processing Center, c/o Prime Clerk, LLC, 850 Third Avenue, Suite 412, Brooklyn, NY 11232, or (b) the following locations in the Commonwealth, available during the listed dates and times:

Locations in the Commonwealth Accepting Proofs of Claim by Hand Delivery All locations are available from February 27, 2018 to May 29, 2018 (except weekends and Court Holidays)	
Address	Hours (AST)
José V. Toledo Federal Building & US Courthouse Clerk’s Office 300 Recinto Sur Street San Juan, PR 00901	M-F 8:00 a. m. to 5:00 p. m.
Federico Degetau Federal Building and Clemente Ruiz Nazario U.S. Courthouse Clerk’s Office 150 Carlos Chardón Street, San Juan, Puerto Rico, 00918-1767	M-F 8:30 a. m. to 4:30 p. m.

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Locations in the Commonwealth Accepting Proofs of Claim by Hand Delivery	
All locations are available from February 27, 2018 to May 29, 2018 (except weekends and Court Holidays)	
Address	Hours (AST)
MCS Building, Suite 222 A Bankruptcy Court Clerk's Office 880 Tito Castro Avenue Ponce, PR 00716-4732	M-F 8:00 a. m. to 5:00 p. m.
Aerotek Añasco Bianca Convention Center Carr 2 KM 143, Suite 3 Añasco, PR 00610	M-F 8:30 a. m. to 5:00 p. m.
Oceana HUB Center 2 Calle Acerina Caguas, PR 00725	M-F 8:30 a. m. to 5:00 p. m.
CoSpazio 53 Calle Las Palmeras, 4th Floor San Juan, PR 00901	M-F 8:30 a. m. to 5:00 p. m.

Proofs of Claim sent by facsimile, telecopy, or electronic mail transmission will not be accepted: provided, however, they may be submitted through Prime Clerk's website: <https://cases.primeclerk.com/puertorico/EPOC-Index>.

Section 7 – Additional Information

The Debtors' Creditor Lists and the Bar Date Order may be downloaded and examined free of charge from the Claims Agent website, <https://cases.primeclerk.com/puertorico/>. Any creditor that relies on the Debtors' Creditor Lists bears responsibility for determining that its Claim is accurately listed therein.

If you require additional information regarding this Notice, you may contact the Claims Agent at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or by email at puertoricoinfo@primeclerk.com.

Additional information regarding the claims filing process is also available on the website for the statutory creditors' committee appointed in the Title III cases at www.creditorspr.com, www.prcreditorscommittee.com, or www.comitedeacreedoresdePR.com.

Dated: February 15, 2018

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ASR-PE-XXX

ASB/2008

Original – Requestee
Copy – Requester
Copy – File

Commonwealth of Puerto Rico
Commonwealth of Puerto Rico Government and Judiciary
Employee Retirement Systems Administration

APM Reimbursement Request

Instructions:

1. The form must be completely filled out.
2. The file will not be accepted without a copy of the Request.
3. The Request will be delivered in person at the Requestee Office.

Number
Request
382457
Control
2011090136

Requester's Information

Name of Requester	Social Security	Home Phone	Cell Phone
CARMEN M RUIZ DIAZ	XXX-XX-8057		
Mailing Address		Residential Address	
URB VILLA DEL SOL A 5 CALLE 1 JUANA DIAZ, PR 00795			

Reason for Requesting Reimbursement

Direct Payment Improper Deduction Double Contracting

Medical Plan Information

Entity	Period From	Period To	Amount
FIRST MEDICAL	01-MAR-11	31-MAR-11	\$100.00
FIRST MEDICAL	01-APR-11	30-APR-11	\$100.00
FIRST MEDICAL	01-MAY-11	31-MAY-11	\$100.00
FIRST MEDICAL	01-JUN-11	30-JUN-11	\$100.00

Remarks

Requester

[signature]

Signature

[handwritten:] 20 Sept 2011

Date (Day/Month/Year)

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COMMONWEALTH OF PUERTO RICO

POLICE OF PUERTO RICO
OFFICE OF THE SUPERINTENDENT
NOC-1-16-889

[seal:] PROTECTION
INTEGRITY

Send all
official correspondence
to the Superintendent
GPO Box 70156
San Juan, Puerto Rico 00936

M E M O R A N D U M

TO : Colonel Juan E. Rivera Santiago
Director
Field Operations Department
[signature]
FROM : Lieutenant Colonel José E. Torres Madera
Ponce Area Commander
SUBJECT : RECOMMENDATION MERIT-BASED STEP INCREASES
FOR CIVILIAN PERSONNEL, PONCE AREA
DATE : April 19, 1983

As per your instructions on the matter, I am sending you a list of the civilian employees who serve at the various Units of the Ponce Area and who have given their outstanding service, loyalty, and responsibility and deserve to be recognized and rewarded.

We have made the most fair selection possible, and we recommend the following staff to be given merit-based step increases in their respective pay scales.

NAME	CLASSIFICATION	WORK UNIT	STEPS
1. Altamira Torres Rodríguez	Typist IV	Gral Command	Two (2) Steps
2. Abigail López García [handwritten:] <i>Nilsida</i>	Typist III	Transit Pat. Div.	Two (2) Steps
3. Dixida Lagares Velázquez	Secretary IV	Gral Command	Two (2) Steps
4. Luz S. Serrano Pagán	Typist II	Gral Command	One (1) Step
5. Alejandrina Rivera Ayala	Typist II	Gral Command	One (1) Step
6. Lydia E. Maldonado	Typist II	158 th Precinct	One (1) Step
7. Hilda J. Ramos Torres	Typist II	Peñuela District	One (1) Step
8. María E. Ruiz de Rivera	Typist II	Adjunct District	One (1) Step

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[logo:] ASR

Government of Puerto Rico
**GOVERNMENT AND JUDICIARY EMPLOYEE
RETIREMENT SYSTEMS ADMINISTRATION
PO BOX 42003 • SAN JUAN, PR 00940-2203**

November 2, 2011

CARMEN M. RUIZ DIAZ
URB VILLA DEL SOL
A 5 CALLE 1
JUANA DIAZ, PR 00795

XXX-XX-8057

Request No.: 382457

Filed on: Sep 20, 2011

Dear Pensioner: RUIZ

We refer here to the certification sent for reimbursement of the employer contribution paid to your FIRST MEDICAL plan for the month of MARCH TO JUNE 2011.

Said certification is returned due to the following:

- You are not named as pensioner in this system.
- The name does not match the social security number (_____).
- The effective date of your pension, you must claim this month with the agency.
- The certification does not indicate the social security number needed for this process.
- The signature is a copy and must be in original for this process.
- It is not admissible because the month claimed was paid to the medical plan.
- The certification does not have the logo of the medical plan.
- On _____, check _____ was paid to you in the amount of _____.
- Other _____.

Should you have any questions or concerns, please call (787) 754-4545, extensions 4085 or 4158.

Cordially,

[signature]

Erika Birriel Figueroa
SIP-MEDICAL PLANS SECTION

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CERTIFICATION

November 7, 2011

RETIREMENT SYSTEM ADMINISTRATION

[signature]

Mrs. Maribel Jiménez
Ponce Supervisor

MEDICAL PLAN

We hereby certify that Mr./Ms. **Carmen Ruiz Díaz SS#[redacted]** has paid the Medical Plan premium to **FIRST MEDICAL HEALTH PLAN, INC.**, including the employer contribution, as detailed below:

MONTHS		TOTAL DIRECTLY PAID TO FMHP	TOTAL TO BE REIMBURSED BY THE AGENCY
MARCH	2011	\$158.00	\$100.00
APRIL	2011	\$158.00	\$100.00
MAY	2011	\$158.00	\$100.00
JUNE	2011	\$158.00	\$100.00
TOTAL		\$632.00	\$400.00

This certification is issued at the request of the member on November 7, 2011.
ORIGINAL MEMBER
YRL

Calle Concordia 8118 Edificio Galeria Profesional Suite 108-009 Ponce PR 00717
Phone 841-3872 / 842-2770 / Fax 841-3890

*Certified to be a correct and true translation from the source text in Spanish to the target language English.
13/AUGUST/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.*

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PPR-442
Rev. 5-77

COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO

March 18, 2011
Date

RE: Carmen M. Ruiz Diaz
Civil S.S. [redacted]
Ponce Region

MEMORANDUM: Payroll and Leave Divisions

[signature]
FROM: Yadira Rivera Pabón, Director
Employee Retirement Services
Division

SUBJECT: SEPARATION BEING PROCESSED FOR
Pension Resignation
March 15, 2011

For the corresponding action you are hereby notified that the above employee is currently undergoing the separation process in the circumstances indicated below. Please withhold their paycheck corresponding to this month until further notice.

[ink stamp, partially cancelled]

[signature]
[handwritten:] 3/18/2011

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[image]

Commonwealth of Puerto Rico

Police of Puerto Rico

CERTIFICATION

According to our records, Mrs. Carmen M. Ruiz Díaz, with Social Security number [redacted] was paid wages totaling \$1,650.00 by way of Supplemental Compensation from July 1, 1993, to December 31, 1995, at a rate of \$55.00 per month.

She must pay the amount of \$ N/A for Retirement Owed corresponding to the aforementioned date.

In addition to the payment made by Mrs. Ruiz Díaz, an amount of \$11.38 monthly was deducted from General Payroll for the months of May 1996 through April 1997.

This deduction was canceled for the month of April 1997.

This person has Pension Waiver effective March 15, 2011.

Issued on this date, January 14, 2011, in Hato Rey, Puerto Rico.

[signature]
Maritza Alvarado Rivera
Director
Payroll Division

[stamp:]
POLICE OF PUERTO RICO
PAYROLL DIVISION
OFFICIAL SEAL

[initials]
rfab

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COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO
PONCE AREA GENERAL COMMAND

AP-1-3-771

December 21, 1983

MEMORANDUM TO : Personnel Office Director
 CC : Field Operations Department Director

 FROM : [signature]
 : Lt. Colonel José E. Torres Madera
 : Ponce Area Commander 2-2166

 SUBJECT : SPECIAL RECRUITMENT PROCESSES

I am writing in regard to letter NP-1-1-761 dated December 5, 1983, relating to Recruitment Processes No. 002-83 and 003-83.

Below is indicated the civilian personnel from this Area that are interested in taking these examinations.

<u>Name</u>	<u>Position Held</u>	<u>District or Division</u>
1 - Wanda I. Rivera Román	Typist I (Requesting Typist II Examination)	Peñuelas

TYPIST III

12-1- María I. Rodríguez Laboy	Typist II	Administration Div.
8-2- Alejandrina Rivera Ayala	Typist II	" "
11-3- Iraida Rodríguez Colón	Typist II	" "
16-4- Luz Silvia Serrano	Typist II	" "
4-5- María de los A. Rodríguez	Typist II	Transportation Div.
13-6- Gladys Rodríguez Millán	Typist II	Yauco District
6-7- Eva M. Pabón Cruz	Typist II	" "
15-8- Margie Santiago González	Typist II	" "
3-9- María C. Cordero Rivera	Typist II	458 th Precinct
14-10- Carmen Rosado Irizarry	Typist II	Stolen Vehicles Sect.
5-11- Hilda Martínez Rivera	Typist II	Property Section
18-12- Nilsa L. Vidal Irizarry	Typist II	C.I.C. Adm.
1-13- Mirta Albizu García	Typist II	Transit Pat.
7-14- Ivonne M. Pérez Cedeño	Typist II	Transit Pat.
17-15- Adroberta Vázquez Rivera	Typist II	Transit Pat.
8-16- Hilda Ramos Torres	Typist II	Peñuelas District
2-17- Evangelina Cancel Ortiz	Typist II	Guánica District
10-18- Sonia Rivera García	Typist II	Guánica District

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[logo]
PR RETIREMENT SYSTEMS ADMINISTRATION

RETIREMENT SYSTEMS ADMINISTRATION

Government of Puerto Rico

CERTIFICATION

I hereby certify that **Carmen M. Ruiz Díaz**, Social Security Number XXX-XX-8057, has filed a merit-based pension pursuant to the provisions of Act 447 of May 15, 1951, as amended.

The monthly amount of the pension has not yet been determined, as it is in the process of being awarded.

Issued at the request of the interested party on this date, May 18, 2011, in San Juan, Puerto Rico.

I certify that the foregoing is correct.

[signature]

Rosa M. England Sárraga
Assistant Manager
Customer Service

Estación Minillas / PO BOX 42003 / San Juan, PR 00940 / Phone 754-4545

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AP-1-3-771

-2-

Secretary I

1- Ruth Dávila Rodríguez Office Worker I Police Parties Sect.

Secretary II

1- Carmen M. Ruiz Díaz Secretary I District 158
2- Bethzaida Morro Morell Secretary I Explosives Sect.
3- Rosa Jiménez Cruz Secretary I Vice Control Div.

Secretary III

1- Abigail López García Typist III Transit Pat. Sect.
2- Ana D. Pacheco Leandry Secretary II " "
3- Eunice Quiñones Guadalupe Secretary II Laboratory
4- Ivette Pérez Castellar Secretary II Administration Div.

/mars

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Police of Puerto Rico

[seal, illegible]

Luis G. Fortuño
Governor

[seal, illegible]

José E. Figueroa Sancha
Superintendent

April 22, 2009

TO: RUIZ DIAZ CARMEN M

CERTIFICATION OF SENIORITY WITHIN THE AGENCY

Based on this Agency's records, *RUIZ DIAZ CARMEN M*, whose employee number is ***-**-791483, and who occupies the position of *ADMINISTRATIVE ASSISTANT I*, has a public service start date of *10/16/1978*, with total time in service of *30 years 6 months 8 days* (total time in service will be the sum of all periods worked in public service as established in Act No. 7 of March 9, 2009 and Circular Letter 2009-92 issued by the Fiscal Restructuring and Stabilization Board of April 3, 2009).

In the event that you do not agree with the certified seniority, you have the right to submit a Length of Service Dispute Form to the Human Resources Office, such Form which will be accompanied by official documentary evidence issued by a competent authority or government entity ("reliable documentary evidence") supporting your claim. Likewise, you have the right to present and support your version of events in said Form with respect to your alleged time in service.

The deadline to submit the Seniority Dispute Form and official documentary evidence is thirty (30) calendar days from notification of this certification. The notice date is either the date of delivery or the shipping date if sent via certified mail with confirmation of receipt, as applicable.

If no reliable documentary evidence is submitted, or the certification is not disputed within a period of thirty (30) days, the seniority certified here will be definitive.

In the event that you do submit the Form within thirty (30) days and with reliable evidence that contradicts the certified length of service, the Agency will not make a final determination on time in service without first allowing you an opportunity for prior review.

Sincerely,

[signature]
José. E. Figueroa Sancha
Superintendent

Commonwealth of Puerto Rico

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:

Template OP-15 Rev. 12 Feb. 70 IMPORTANT INSTRUCTIONS: READ OTHER SIDE				COMMONWEALTH OF PUERTO RICO PERSONNEL OFFICE CHANGE REPORT				1. Change Number 4796 2. Employee Number S.S. [redacted] Series 10-814067					
				Before the Change				After the Change					
No.	Change to be made			Position No. 1152 Carmen M. Ruiz Diaz				Position No. 1724					
3. Employee Name													
4. Classification Title	Secretary I			SECRETARY I									
5. Department or Agency	Treasury Adm. Collections and Data			POLICE OF PUERTO RI									
6. Division	Collections			PONCE GENERAL COMMAND									
7. Unit or Section	Collections Personnel												
8. Address (Work)	[illegible]												
9. Address (Mailing)													
10. Marital Status													
11. Appointment Class	Regular Career												
12. Salary	\$396.00			\$410.00									
13. Retirement Withholding	17.32			18.45									
14. Savings Withholding	11.23												
15. Social Security Withholding	24.27			25.13									
16. Loan Withholding [illegible]	15.59												
17. Income Tax Withholding	28.33												
18. Cruz Azul Fee [illegible]													
19. Other Withholdings													
20. Benefits													
21. Effective Date	February 15, 1980			February 16, 1980									
22. Indicate whether:				<input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> Change in Status <input type="checkbox"/> Reassignment									
23. In case of transfer to another agency, leave that must be credited:				to January 80									
To January 80 Sick leave 1 1/2 days Did not use				Vacation leave 22 1/2 days or 2 1/2 [cancelled]									
				Last Day of Work				Annual Leave Given					
								Separation Date (Last paid day)					
24. Resignation													
25. Separation during Probationary Period													
26. Termination													
27. Layoff													
28. Death Date	Time	paid day:	Last				Retirement Participant						
							<input type="checkbox"/> Yes <input type="checkbox"/> No						
29. Suspension:	Duration	From	To										
30. Unpaid leave:	Duration	From	To										
31. Military leave:	Duration	From	To										
32. Maternity leave:	Duration	From	To										
33. Special education leave:	Duration	From	To										
34. Reinstatement:	Duration	From	To										
35. Comments and Explanations (use reverse if more space is needed) Transferred to the Police of Puerto Rico													
36. If change in position, indicate: <input type="checkbox"/> Uncontested Examination													
Selected from List No. NOEMI BOSCH RODRIGUEZ													
Authorization No. Name of prior incumbent													
37. If the change is by way of transfer, the director of the sending agency or his/her authorized representative signs here:							38. Signature of the employee in case of transfer or name change, demotion, and position change within services						
[signature] [illegible]							With Opposition Without Opposition Exempt [signature]						
39. Approved by: HIPOLITO FONT RIOS, PERSONNEL AFFAIRS [illegible] DIRECTOR													
[signature] Date February [illegible], 1980													
Head of the Agency or Authorized Representative													
40. Approved by [illegible]				41. Punch card By:				42. Registered By:					
Date February 15, 1980													
43. Before Change				ACCOUNTING SYMBOLS				44. After Change					
A.F.	Fund	Agen-cy	Div.	Sub-Div.	Assignment	Purpose	A.F.	Fund	Agen-cy	Div.	Sub-Div.	Assignment	Purpose
							30	111	40	02		75	111
LEAVE BLANK													

-41-IGPR.

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 82 of 101

COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO
PONCE AREA GENERAL COMMAND

AP/1/7/430

October 23, 1979

Memorandum to : Head of the Field Operations
Department

[signature]

From : Lt. Colonel José Meléndez Santiago
Ponce Area Commander 2-2778

Subject : Recommendation of Mrs. Carmen M. Ruiz Diaz

On October 19, 1979, Mrs. Carmen M. Ruiz Diaz was interviewed at this Area General Command, regarding an application to work as a civilian employee at this Area General Command.

She reported that she currently works as a Typist at the Treasury Department, in San Juan, but that she is very interested in working in Ponce, as her residence is here. She also reported having some proximity to the Police, as she has a brother who is a Police Sergeant named William Ruiz Diaz 8-5846, assigned to the Ponce District.

Mrs. Ruiz Diaz has passed the Typist I examination offered by our Agency, and the confidential investigation carried out, which is enclosed and was favorable.

Considering that she meets the requirements for the position to which she is applying, I recommend that the appropriate processes be completed to request her transfer from the Treasury Department to the Police and to cover the Typist I position to be left vacant by Mrs. Noemí Bosh, who was transferred to another Agency.

RZO

COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO
PONCE DISTRICT

AP/9/10/21

October 22, 1979

Memorandum to : Ponce Area Commander

[signature]

From : Lt. Martín Pérez 6-2828
Ponce District Commander

Subject : CONFIDENTIAL INVESTIGATION OF
MRS. CARMEN M. RUIZ DIAZ

I am referring herein to your letter AP/1/7/405, dated October 19, 1979, in regard to this subject.

Based on the investigation conducted of the candidate, she qualifies to belong to our Agency, and so my recommendation is in favor.

MARS/

COMPLAINT FORM
COMPLAINTS, GRIEVANCES AND ARBITRATION PROCEDURE
POLICE OF PUERTO RICO
AND
ORGANIZED CIVILIAN EMPLOYEES (E.C.O.) UNION

To be used in Police Areas, University Colleges, and Headquarters

<p><u>Carmen Milagros Ruiz Diaz</u> COMPLAINANT VS. <u>Police of Puerto Rico</u> RESPONDENT</p>	<p>AREA <u>Ponce</u> DATE <u>August 8, 2003</u> O- <u>2003-3-006</u> SUBJECT: <u>Job Classification</u> <u>and Compensation</u></p>
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

COMPLAINT

DATES AND FACTS THAT OCCURRED AND RESULTED IN THE COMPLAINT

1. February 27, 2002 (Implementation of Classification and Compensation).

2. March 11, 2002 (Request for Administrative Review).

3. August 19, 2003 (Notification on Administrative Review).

This last notice is dated April 2, 2003, but it was received on August 19, 2003.

SECTION OF THE AGREEMENT OR LEGAL PROVISION ALLEGEDLY VIOLATED

Agreement Art. III, Art. IV, Art. VII Sec. 2, Art. VIII Sec. 1, Art. IX Sec. 1, Art. X Par. 2 and 3, Art. XII Item 2 and 3, Art. XIV Sec. 2 and 4, Art. XIX Sec. 5; Act No. 5 on Personnel, Personnel Regulations, Uniform Compensation Regulations Sec. 4.4 (3) and 4.6 Paragraphs 2, 3, 5, 6, and 8, Sec. 4.8, Art. 2 Sec. 1 and 2, and Art. 9 of Personnel Regulations; Principle of Merit Sec. 6 (1), (2), (3), and (4), and Art. 4, Personnel Act.

REMEDY REQUESTED BY THE EMPLOYEE OR UNION

1. I request an EMERGENCY AUDIT, that my position be audited and my classification and compensation be corrected, so that my position be recognized at a higher scale and classification; that it be consistent with the level of complexity and responsibility of the job that I do, because of the higher hierarchical level. That this be retroactive. 2. That the classification be voided and that I be included in the Adm. Assistant II level. 2. The audit that I am requesting was already requested in the month of March 2003 from the Union and the Human Resources Department.

[signature]

September 8, 2003

DATE

[ink stamp, illegible]

Carmen M. Ruiz Diaz

SIGNATURE OF COMPLAINANT

[image]

Commonwealth of Puerto Rico

Police of Puerto Rico

CERTIFICATION

According to our records, Mrs. Carmen M. Ruiz Díaz, with Social Security [redacted] was paid wages totaling \$1,650.00 by way of Supplemental Compensation from July 1, 1993 to December 31, 1995, at a rate of \$55.00 per month.

She must pay the amount of \$ N/A for Retirement Owed corresponding to the aforementioned date.

In addition to the payment made by Mrs. Ruiz Díaz, the amount of \$11.38 was deducted monthly from General Payroll for the months of May 1996 through April 1997.

This deduction was canceled for the month of April 1997.

This person has a Pension Waiver effective March 15, 2011.

Given today, January 14, 2011, in Hato Rey, Puerto Rico.

[signature]
Maritza Alvarado Rivera
Director
Payroll Division

[stamp:]

POLICE OF PUERTO RICO
PAYROLL DIVISION
OFFICIAL SEAL

[initials]
rfab

**COMPLAINT FORM
COMPLAINTS, GRIEVANCES AND ARBITRATION PROCEDURE
POLICE OF PUERTO RICO
AND
ORGANIZED CIVILIAN EMPLOYEES (E.C.O.) UNION**

To be used in Police Areas, University Colleges, and Headquarters

<u>Carmen Milagros Ruiz Diaz</u>	AREA <u>Ponce</u>
COMPLAINANT	DATE <u>August 8, 2003</u>
VS.	O- <u>2003-3-006</u>
<u>Police of Puerto Rico</u>	SUBJECT: <u>Job Classification</u>
RESPONDENT	<u>and Compensation</u>

COMPLAINT

DATES AND FACTS THAT OCCURRED AND RESULTED IN THE COMPLAINT

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REMEDY REQUESTED BY THE EMPLOYEE OR UNION

1. I request an EMERGENCY AUDIT, that my position be audited and my classification and compensation be corrected, so that my position be recognized at a higher scale and classification; that it be consistent with the level of complexity and responsibility of the job that I do, because of the higher hierarchical level. That this be retroactive. 2. That the classification be voided and that I be included in the Adm. Assistant II level. 2. The audit that I am requesting was already requested in the month of March 2003 from the Union and the Human Resources Department.

[signature]

September 8, 2003

Carmen M. Ruiz Díaz

SIGNATURE OF COMPLAINANT

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 87 of 101

COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO

CARMEN M-RUIZ DIAZ
SECRETARY I
PONCE GEN COMMAND

CC DIRECTOR
PONCE AREA COMMANDER

POSITION IDENTIFICATION No. 14034

DEAR COLLEAGUE: CARMEN M-RUIZ DIAZ

AS A RESULT OF THE ADOPTION OF THE FEDERAL MINIMUM WAGE AND OF LEGISLATIVE INCREASES RECEIVED WITHOUT AFFECTING THE SCALES, A PAY INEQUITY HAS BEEN CREATED IN OUR COMPENSATION PLANS. BECAUSE OF THIS, WE HAD TO REVIEW BOTH OUR CAREER AND PUBLIC TRUST EMPLOYEES' SALARY STRUCTURES. THIS WAS DONE PURSUANT TO SECTION 4.6 PARAGRAPH 4 OF THE UNIFORM COMPENSATION REGULATIONS. THESE SALARY STRUCTURES ESTABLISH UPWARD CHANGES IN THEIR COMPOSITION AND TOOK EFFECT BEGINNING ON THE FIRST OF JULY OF 1993.

IN LIGHT OF THE FOREGOING, YOUR MONTHLY COMPENSATION BEGINNING ON JULY 1, 1993 WILL BE \$801.00. IN ADDITION, YOU WILL CONTINUE RECEIVING THE \$55.00 IN COMPLEMENTARY COMPENSATION FOR RECRUITMENT AND RETENTION DIFFICULTY.

IF YOU ARE NOT SATISFIED WITH THE DETERMINATION AND ASSIGNMENT THAT HAS BEEN MADE FOR YOUR NEW MONTHLY COMPENSATION, YOU ARE ENTITLED TO REQUEST A REVIEW OF YOUR CASE WITHIN THIRTY (30) DAYS FROM RECEIPT OF THIS NOTICE. THIS CLAIM MUST BE MADE IN WRITING AND SENT TO MRS. GLORIA M. GUZMAN VIRELLA, DIRECTOR OF THE PERSONNEL DEPARTMENT.

CORDIALLY,

[signature]

MR. PEDRO A. TOLEDO
SUPERINTENDENT

**PROFESSIONAL SERVICES CONTRACT
POLICE OF PUERTO RICO EMPLOYEES**

I, [handwritten:] Carmen Milagros Ruiz Diaz , hereby hire Mrs. Ivonne González Morales and Mrs. Adela L. Torruella, to represent me in my salary and COMPENSATION SCALES claim in the Trial Court of Puerto Rico. I understand that the fees will be contingent on the success of my claim, whether by settlement and/or judgment, at a rate of 25% of the sum I receive. I am issuing an advance of \$20.00 dollars for expenses in filing the claim and investigation. I am attaching the amount of \$20.00 to the contract.

In [handwritten:] Ponce , Puerto Rico, on this date, the of [handwritten:] 2004

[signature]

[signature]

Legal Representative

Signature of the Employee

EMPLOYEE'S PERSONAL INFORMATION

1. Name: [handwritten:] Carmen Milagros Ruiz Diaz

2. Mailing Address: [handwritten:] Urb. Villa del Sol Calle 1 – A-5, Juan Diaz 00793

3. Social Security: [redacted]

4. Division or Office where you work: [handwritten:] Administration Office

5. Town where you work: [handwritten:] Ponce

6. Date when you started working at the Police of PR [handwritten:] February 16, 1980

7. Position you are officially appointed to. Indicate level of position (I, II, III, etc.) and date of appointment: [handwritten:] I

8. If you are performing other functions that are not those of your position, explain (for example, acting position, administrative assignment, staff shortage): [handwritten:] Should have been Secretary II

Date you started [handwritten:] 16th of [handwritten:] February of [handwritten:] 1980

9. Monthly salary that you receive: [handwritten:] Undetermined

10. Do you receive any differential wage? YES ____ NO ____ Amount [handwritten:] N/A

11. Level of education: [handwritten:] Bachelor's in Secretarial Sciences

12. Have you ever received merit-based and/or service-based steps? YES ____ NO X How many steps?

13. Have steps that you had ever been eliminated? Explain [handwritten:] Unknown

14. What is your daily work schedule (7 ½ or 8 hours) [handwritten:] or more

15. Do you have any claim for overtime pay? YES ____ NO X Amount: _____ Number of hours [handwritten:] Undetermined

16. Do you receive fixed meal allowances? YES ____ NO ____ Date you started to receive them [handwritten:] no Are you owed allowances? [handwritten:] yes Amount [handwritten:] I travelled to various places and provide evidence [handwritten:] I had a driver [illegible]

17. Within a reasonable period of time, provide your Legal Representative with copies of the OP-15 forms, Special Change Report, pay raises received by you, and bimonthly pay stubs for the period of your claim.

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 89 of 101

Our Claim under this Complaint:

On October 1, 1996, the Federal Minimum Wage Act was implemented at the Agency. The first 10 pay scales were consolidated, making them all earn the same. As a result, a janitor and an administrative assistant or a secretary and a whole series of positions all earn the same, violating the Merit Principle Act.

1. *We civilian employees are entitled to retroactive adjustment in our wages from October 1, 1996, and September 1, 1997, through the present, if we take action in the courts, in addition to the creation of a new Pay Scale.*
2. *We will also request that the \$55.00 be taken as part of the salary when we are given steps, salary adjustments, promotions, etc.*
3. *That we be placed in the scale that corresponds to us in the raises granted since the last pay scale took effect, like the \$100.00 that they gave us for productivity, through the present, and that this be maintained this in the future.*

INSTRUCTIONS

1. *Read the document carefully.*
2. *Answer each question in printed letters.*
3. *Enter the date and sign the contract.*
4. *Photocopy it and keep a copy for your records.*
5. *Staple your personal check or money order to the contract.*
6. *Make a list of the contract that you are going to include and make a copy for your records.*
7. *Please send to:*

*MRS. IVONNE GONZALEZ
PO BOX 9021828
SAN JUAN PR 00902-1828*

8. *Request confirmation of receipt at the post office and keep it as evidence that you sent it and you will receive confirmation from the recipient.*

***AUTHORIZATION AND REQUEST FOR DELIVERY
PERSONAL FILE DOCUMENTS***

I, [handwritten:] *Carmen Milagros Ruiz Diaz*, Social Security No. [redacted], employee of the Police of Puerto Rico and/or Safety Commission of the police area of [handwritten:] *Puerto Rico – Ponce Area*, hereby request, in accordance with Section 13-18 of the Personnel Act, that I be provided with a copy of my appointment and all OP-15s that are in my Personnel File, and any other document that may shed light on the pay raises that I was given during my employment.

I thank you for your prompt attention to my request.

On _____ of [handwritten:] February _____ of [handwritten:] 2004

[signature]

EMPLOYEE SIGNATURE

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 91 of 101

A U T O R I Z A T I O N

The undersigned Armen M. Diaz Ruiz a civilian
employee of the Police Department of the Commonwealth of Puerto Rico,
and/or Public Protection and Security Commission and the similarly
situated of defendant employer, consents to become a party plaintiff in
the present action.

Armen M. Diaz Ruiz
SIGNATURE

Apb. Villa del Sol
Edificio A-5, Ponce, PR 00795
Puerto Rico
ADDRESS

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 92 of 101

PO BOX [illegible]
SAN JUAN
PUERTO RICO [illegible]
PHONE [illegible]
FAX [illegible]

GALLARDO BLDG
SUITE 306
001 RECINTO SUR ST
OLD SAN JUAN, PUERTO RICO

February 17, 2004

RE: Case: *Delfina López Rosario v. Police of P.R.*

Dear Clients:

After nearly 10 years since we started the wage claim against the agency where we work, we have obtained a favorable ruling in one of the cases in which we raised similar disputes. For this reason, we are calling a meeting for all employees that we represent to clarify the rumors and to personally share with you the accomplishments achieved and inform you on the procedural status of your case.

The meeting will be on Saturday March 6, 2004 at 9:30 at the PALACIO DE LOS TRABAJADORES of the Sindicato Empleados Equipo Pesado [Heavy Machine Operators Union] "LOS TIGRES DE LA MONTAÑA", Highway No. 1 from Rio Piedras to Caguas, Kilometer 17.8 (near the Blue Cross building at the intersection with Avenida Las Cumbres).

Your attendance is important, as we have to update the information that we have on your personnel file and obtain the documents we need to request the resolution of your case.¹

I want to thank you for the trust you have placed in me as an attorney to serve as an instrument to achieve wage justice for you.

Your attendance is important.

Cordially,
[signature]
Ivonne González Morales

¹ NOTE:

Bring evidence of raises received, for example, pay stubs if you have them, and the OP-15s (special salary change report, which shows all raises given during employment).

-Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 93 of 101

***AUTHORIZATION AND REQUEST FOR DELIVERY
PERSONAL FILE DOCUMENTS***

I, [handwritten:] *Carmen Milagros Ruiz Diaz*, Social Security No. [redacted], employee of the Police of Puerto Rico and/or Safety Commission of the police area of [handwritten, illegible], hereby request, in accordance with Section 1348 of the Personnel Act, that I be provided with a copy of my appointment and all OP-15s that are in my Personnel File, and any other document that may shed light on the pay raises that I was given during my employment.

I thank you for your prompt attention to my request.

On _____ of [handwritten:] *February* of [handwritten:] *2004*

[signature]

EMPLOYEE SIGNATURE

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 94 of 101

COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO
PONCE AREA GENERAL COMMAND

AP-1-3-353

March 29, 1993

MR. PEDRO TOLEDO DAVILA
POLICE SUPERINTENDENT

[signature]

COMMANDER FERNANDO L. CERDA RIVERA 4-7413
PONCE AREA COMMANDER

[signature]

MRS. CARMEN M. RUIZ DIAZ
SECRETARY I

REQUEST FOR PAY STEP INCREASES

Pursuant to the terms of the Police Personnel Regulations, I am respectfully requesting that I be granted a two-pay step increase.

The basis for my request is: I have been working in the Commonwealth for fifteen (15) years, I have a Bachelor's in Secretarial Sciences, I need to resolve financial issues, the volume of work that I do, and the fact that I have not received a raise in 12 years.

The tasks that are assigned to me are:

1. Responsible for Warehouse Inventory
2. Filing Administration Personnel Monthly Hours
3. Making changes in the Ponce Area personnel card system
4. Recording these changes in a printed document so they can be added to the Personnel Order
5. Weekly Report on Uniform Garments
6. Making changes to personnel arriving at the Replacement Center to notify the person making the monthly report
7. Works of the Assistant Commander of the Ponce Area
8. Taking notes from the Assistant Commander and the Area Commander
9. Transcribing memos from the Assistant Commander and any others given to me by the Area Executive Assistant
10. Remaining available for any task that the Assistant Commander needs me to do, etc.

In light of all of the above, I believe that it is fair and reasonable that my request be considered and granted.

cmrd

[handwritten:] 2 31-March 93

Case:17-03283-LTS Doc#:17410-1 Filed:07/19/21 Entered:07/19/21 12:06:01 Desc:
Exhibit Page 96 of 101

Form OP-11
Template OP-11
Rev. 12 Feb. 70

1. ACCOUNTING SYMBOLS							COMMONWEALTH OF PUERTO RICO PERSONNEL OFFICE SAN JUAN, PUERTO RICO NOTIFICATION OF APPOINTMENT AND SWORN OATH	2. Cert. No. 3. Authorization No. 4. Date:
A.F.	Fund	Agency	Div.	Sub. Div.	Ass.	Purpose		
80	111	40	02		75	111		

INSTRUCTIONS: Use this form to report all appointments to Service with Opposition and to Service without Opposition. Use one form for each appointment. The Agency will use this form to notify the date on which the employee will begin to render service. As such, it must not be submitted before the person begins working. Section 16 "Sworn Oath" must be signed by the employee in the space provided. If the appointed person does not have a Personnel History (Form OP-1) filed with the Personnel Office, that form must be submitted together with this Appointment Notification. In addition, this form must be accompanied by the Medical Examination (Form OP-12) and the birth certificate of the appointed person. Prepare four copies of this form and submit three to the Personnel Office with the stipulated documents. For emergency appointments, no Personnel History, Medical Examination, or birth certificate is required. The fourth copy is for your records.

5. Employee Name: RUIZ DIAZ CARMEN M. (Paternal Surname) (Maternal Surname) (First Name) In the case of a married woman, follow this order: (1) Paternal surname followed by the preposition "OF" (2) Surname of the husband and (3) First name	6. Address: Ext. Sta. Teresita Calle C-BQ-6 Ponce, P.R.	
7. Agency, Department, or Division, Section, or Unit: POLICE OF PUERTO RICO - PONCE AREA GENERAL COMMAND		
8. Classification Title: Symbol SECRETARY I 11401	Position No. Series 1724 10-814067	9. Sex <input type="checkbox"/> Man <input checked="" type="checkbox"/> Woman
10. Appointment Type: <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> In Service <input type="checkbox"/> [cancelled] Career service as per Article 8 paragraph b Act 26 of August 22, 1974 (INDICATE THE LEGAL PROVISION THAT INCLUDES THE POSITION IN THIS SERVICE)		
11. Effective date of Appointment: February 19, 1980	12. Date on which appointment expires if it is temporary or emergency	13. Monthly Wage: \$ 410.00 Benefits: Ret. \$18.45 S.S. \$25.18
14. Previous Incumbent: NOEMI BOSCH RODRIGUEZ Classification title of the position: SECRETARY I		
15. Signature of the appointing authority or their authorized representative: Signature: [signature] HIPOLITO FONT RIOS, DIRECTOR <input type="checkbox"/> [cancelled] PERSONNEL AFFAIRS Date: 19 Feb 1980		
16. OATH OF ALLEGIANCE AND ACCEPTANCE OF CHARGE OR EMPLOYMENT		
I, CARMEN M. RUIZ DIAZ, 21 years of age, SECRETARY I Name of Official or Employee Age Name of position or employment		
solemnly swear that I will keep and defend the Constitution of the United States and the Constitution and Laws of the Commonwealth of Puerto Rico against all enemies domestic and foreign, that I will be faithful and adhere to them; and that I assume this obligation freely and without mental reservation or the purpose of evading it; and that I will perform the duties of the position or employment that I am about to hold faithfully and well. So help me God.		
[signature]		
[ink stamp superimposed, illegible] (Official or Employee)		
Sworn and signed before me ATTORNEY NOTARY PUBLIC		
in and for THE COMMONWEALTH OF PUERTO RICO today, the 19 th of February of the year 1980		
AFFIDAVIT No. [handwritten:] 10,958 [signature] Official taking the oath		

DO NOT WRITE BELOW THIS LINE

PERSONNEL OFFICE

17. Appointed approved by: [ink stamp] APPROVED RAFAEL HERRERO PEREZ Date: 19 February 1980	18. Card: Punched: Verified: By: By:		
19. Number assigned to the employee [redacted]	Personnel History No.	ACCOUNTING	
		20. Intervention:	21. Punch Card: By: Verified: By:

J 3-0981-800B-29-IGPR

Certified to be a correct and true translation from the source text in Spanish to the target language English.
13/AUGUST/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.

GOVERNMENT OF PUERTO RICO
POLICE OF PUERTO RICO
PONCE AREA GENERAL COMMAND
BOX 547 – PONCE, PUERTO RICO 00731

PHONES 842-5225 – 284-4040

July 26, 1995

*MRS. MARIA M. RIVERA RODRIGUEZ
DIRECTOR
RECRUITMENT DIVISION
POLICE HEADQUARTERS
SAN JUAN, PUERTO RICO*

Mrs. Carmen Milagros Ruiz Díaz is requesting evaluation and consideration for the position of Administrative Assistant I, at the Ponce Area General Command. Currently she works as a secretary at said place.

I hereby wish to recommend this candidate for the position to which she is applying.

I can attest to the fact that she is a person of impeccable conduct, fine physical and moral qualities, and a healthy reputation. In addition she is a person of great intelligence, obtained through education and of proven capability.

I know her work in the years she has worked at this Agency and I have no doubt that she is the appropriate candidate for the position of Administrative Assistant I.

Cordially,

[signature]

*CAPT. EDDIE SANTIAGO ECHEVARRIA 5-2735
PONCE AREA COMMANDER*

COMPLAINT FORM
COMPLAINTS, GRIEVANCES AND ARBITRATION PROCEDURE
POLICE OF PUERTO RICO
AND
ORGANIZED CIVILIAN EMPLOYEES (E.C.O.) UNION

To be used in Police Areas, University Colleges, and Headquarters

<p><u>Carmen Milagros Ruiz Diaz</u> COMPLAINANT VS. <u>Police of Puerto Rico</u> RESPONDENT</p>	<p>AREA <u>Ponce</u> DATE <u>August 8, 2003</u> O- <u>2003-3-006</u> SUBJECT: <u>Job Classification</u> <u>and Compensation</u></p>
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

COMPLAINT

DATES AND FACTS THAT OCCURRED AND RESULTED IN THE COMPLAINT

1. February 27, 2002 (Implementation of Classification and Compensation).

2. March 11, 2002 (Request for Administrative Review).

3. August 19, 2003 (Notification on Administrative Review).

This notice is dated April 2, 2003, but it was received on August 19, 2003.

SECTION OF THE AGREEMENT OR LEGAL PROVISION ALLEGEDLY VIOLATED

Agreement Art. III, Art. IV, Art. VII Sec. 2, Art. VIII Sec. 1, Art. IX Sec. 1, Art. X Par. 2 and 3, Art. XII Item 2 and 3, Art. XIV Sec. 2 and 4, Art. XIX Sec. 5; Act No. 5 on Personnel, Personnel Regulations, Uniform Compensation Regulations Sec. 4.4 (3) and 4.6 Paragraphs 2, 3, 5, 6, and 8, Sec. 4.8, Art. 2 Sec. 1 and 2, and Art. 9 of Personnel Regulations; Principle of Merit Sec. 6 (1), (2), (3), and (4), and Art. 4, Personnel Act.

REMEDY REQUESTED BY THE EMPLOYEE OR UNION

1. I request an EMERGENCY AUDIT, that my position be audited and my classification and compensation be corrected, so that my position be recognized at a higher scale and classification; that it be consistent with the level of complexity and responsibility of the job that I do, because of the higher hierarchical level. That this be retroactive. 2. That the classification be voided and that I be included in the Adm. Assistant II level. 2. The audit that I am requesting was already requested in the month of March 2003 from the Union and the Human Resources Department.

[signature]

September 8, 2003

Carmen M. Ruiz Diaz

DATE

[ink stamp, illegible]

SIGNATURE OF COMPLAINANT

Comprises [handwritten:] **29** PAGES

[ink stamp:] JUN 13 2018

[multiple illegible ink stamps]

[multiple paid fee stamps that read:] **PAID**

POLICE OF PUERTO RICO
DOCUMENT ADMINISTRATION DIVISION
I CERTIFY THAT THIS DOCUMENT IS A
TRUE AND FAITHFUL COPY OF THE
ORIGINAL IN OUR POSSESSION.

[signature]

AUTHORIZED SIGNATURE

COMMONWEALTH OF PUERTO RICO
POLICE OF PUERTO RICO

CHANGE REPORT

RUIZ DIAZ
Employee Name

CARMEN

86-00248
Change Number[redacted]
Social Security Number

		BEFORE THE CHANGE						AFTER THE CHANGE						
Position Number		R 14034 10-814067						R 13966						
Plate or Series		00000						00000						
Agency		POLICE OF PUERTO RICO												
Division		PONCE GENERAL COMMAND												
Geographic Location		PONCE AREA						PONCE AREA						
Employee Category		CAREER												
Employee Status		REGULAR						PROBATIONARY						
Classification Title		SECRETARY I						ADMIN. ASSISTANT I						
2. Salary		901.00						1010.00						
2a. Difference														
2b. Supplemental Pay														
2c. Bonus														
2d. Supplemental Compensation		55.00						55.00						
3. Income Tax Withholding														
4. Social Security Withholding														
4a. Medicare Withholding														
5. Retirement System Contribution Withholding		65.36						74.38						
6. Medical Services Withholding														
7. Savings Withholding (AEELA)														
8. Insurance Withholding (AEELA)														
9. Other Withholdings														
SCALE		3						11						
TYPE								6I						
10. Effective Date								06/01/96						
11. Account Figure	A.F.	Fund	Agency	Div.	Sub. Div.	Ass.	Purpose	A.F.	Fund	Agency	Div.	Sub. Div.	Ass.	Purpose
								96	111	040	3	20	75	111

12. Process to be Performed

PROMOTION ACCORDING TO ACT NO. 5 OF 10/14/75

13. In case of change to another Agency, indicate Leave to be credited: Mandatory days.
Sick Leave days, Given days, Regular Leave days, Given days.

		Date Last Day of Payment			Unpaid Leave			Effective Date			
24.		/	/							/	/
25.		/	/							/	/
26. Termination		/	/							/	/
27. Layoff		/	/							/	/
28. Suspension of Employment and Salary:		Duration			From:	/	/	To	/	/	/
29. Death Date:	/	/	Time:	Last Day of Payment:			/	/	Retirement Participant		
									[] Yes [] No		
30. Type of Leave:		Duration			From:	/	/	To	/	/	
31. Comments and Explanations (Use reverse if more space is needed)											
CONTINUED ON NEXT PAGE											
32. If the change is to another position, indicate the name of the previous incumbent ISMAEL HIDALGO BONILLA											
33. If the change is to another Agency, the Head of the agency or its Authorized Representative will sign here:		34. Signature of the Employee, if necessary									
35. Approved by: [signature] GLORIA M. GUZMAN VIRELLA Head of the Agency or their Representative		[initials] RER DATE: 05/15/96									

September 20, 1979

Dear Sir:

We are returning your request for examination for the position of Typist II, so that you would be so kind as to indicate the dates on which you performed the tasks that you list.

It is essential to know these dates in order to be able to assess your experience, to allow us to determine the relative value of such experience in the assessment table that we have prepared for this purpose.

Sincerely,

[handwritten:]

-4

Tag. I.

Form A 89.20%



T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)
TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 106293 ECF No. 17410**

Signed this 13th day of August 2021

A handwritten signature in blue ink, appearing to read "Andreea I. Boscor". A blue line extends from the top left towards the signature.

Andreea I. Boscor



Verify at www.atanet.org/verify

